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LECTURES

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BY

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Scirrhus of the breast. Circumstances under which an operation ought or ought not to be performed. Results of the operation. Danger of the operation. Effusion in the pleuræ generally the cause of death. Identity of the different forms of cancer.

GENTLEMEN,—If a scirrhous tumour of the female breast be left to take its course it gradually increases in extent; it contaminates the neighbouring textures; it finally ulcerates, and, in the great majority of cases, the patient's life is terminated in three or four years from the commencement of the disease. Not only is life terminated thus early, but death is preceded by a very painful state of the ulcer. The ulcer is disposed to bleed and to slough, and the patient's life is rendered miserable. There is not a much worse way of leaving the world than that of being destroyed by an ulcerated scirrhus of the breast.

Looking at these facts alone, you would say there is no doubt that the proper thing to be done is to remove the disease by an operation. But there is another order of facts which must be taken into account. In the large proportion of cases in which the operation is performed, the patient is still not alive two or three years afterwards; and, in a great number of cases, instead of the operation stopping the disease, it actually seems to hasten its progress. But, besides this, the operation in itself is not in every case free from danger.

Now these different orders of facts have led different surgeons, accordingly as they have looked at one or the other, to arrive at opposite conclusions as to the propriety of an operation. I have known some very excellent surgeons, among whom were the late Mr. Cline and Sir Everard Home, both men of great experience, who would scarcely ever consent to the operation for the removal of a scirrhous tumour of the breast, under any circumstances whatever. But then, I have known other surgeons, also very experienced men, who were in favour of the operation, perhaps, in the majority of cases. And not only has there been this variety of opinion between different individuals, but I have found the opinion of the same individual to differ at different periods of his life. A very distinguished surgeon once said to me that he thought he would never perform this operation again, and yet that very surgeon, three or four years afterwards, strongly recommended the operation in a case in which I thought it would fail. This discordance of opinion only shows the difficulty with which the subject is beset, and if this difficulty has stood in the way of men of great experience in their profession, it may well stand in your way, who are only beginning your career. It appears to me, therefore, that it may be of advantage to you if I present some observations on the subject, and endeavour, as far as I can, to clear away the difficulty respecting the expediency and inexpediency of the operation.

This, then, constitutes the subject of the present lecture:—Under what circumstances is the operation for the removal of a scirrhous tumour of the breast proper, and under what circumstances is it improper.

It should, however, be observed, in the first instance, that while much depends upon the nature of the case, yet something depends upon yourselves as to the mode of performing the operation. If there be a scirrhous tumour imbedded in the gland of the breast, and you remove the tumour, together with the part of the breast in which it is situated, leaving the remainder of the breast, according to my experience the disease is certain to return; and this corresponds to a rule which I think applies to all cases of malignaut disease—that is, that you have no security against the return of the disease unless you remove the whole of the organ in which it is seated. For instance, if there be fungus hæmatodes of the bone of the leg, the patient may have some chance if you amputate the thigh above the knee,

but none if you cut through the tibia below the knee. If there be malignant disease of the femur, you have very little chance at all, unless you think it expedient to take out the thigh-bone at the hip-joint. I say, therefore, in cases of scirrhous tumour of the breast, if you perform the operation at all, where the tumour is imbedded in the breast, you must remove the whole of the organ. You may imagine that this is a thing very easy to be done, but you will not find it so in reality, for in amputating the breast, in a thin person, you will be very apt, if you are not extremely careful, to leave a small slice of the gland of the breast adhering to the skin, and I have no doubt that this small portion may, in some cases, form the nidus of future disease. The colour of the gland of the breast varies little from that of the surrounding adeps, the hæmorrhage causes confusion, and you must be careful in the dissection to keep the knife near the skin, not near the breast. But, in addition to this, in every case, when you have taken out the tumour, you should examine the surface, and see whether every part you have removed is covered by healthy adeps. If it be not, look on the middle of the flap of the skin, and see whether any small portion of the breast has been allowed to remain there.

So far, then, the success of the operation may depend mainly on what you do; but now let us see what are the circumstances that are independent of anything that you do, and which may induce you to think that there is no chance of the operation leading to an ultimate cure; and what are the circumstances that should lead you to hope that a permanent cure may be effected.

Scirrhous tumours of the breast may be divided into two classes; one, where there is a conversion of the gland of the breast itself into scirrhous structure, there being no well-defined margin; the other, where the scirrhous tumour is imbedded in healthy structure, as if it were altogether a new growth, there being a distinct boundary to it.

In the first order of cases, not only does an operation never succeed in making a permanent cure, but it rather hastens the progress of the disease, and the patient generally dies in two or three years, if not before, of effusion of fluid into the cavity of the chest.

Where the skin is contaminated there is no chance of the operation making an ultimate and permanent cure; and it may be contaminated in various ways. Scirrhous tubercles form in the skin, here and there, at some distance round the tumour, while the intermediate portions of skin appear to be healthy, and then an operation will never lead to a cure; for you cannot remove all the contaminated skin. Where the skin is contaminated in this way, the progress of the disease is generally very rapid, and the patient dies in a short time from effusion within the chest. Sometimes the contamination of the skin developes itself in another manner. The skin becomes thickened and brawny, the pores are enlarged, as if you looked at them through a magnifying-glass, and you cannot pinch it up as you can healthy skin. This is also a very bad form of the disease. I have, however, performed an operation under these circumstances in two or three cases; the disease has always returned in the cicatrix directly, and the operation has appeared to hasten rather than to retard the fatal result. It does not matter to how small an extent the skin appears to be contaminated; if any portion of it is thus affected, the seeds of disease are in the neighbourhood, and although your knife may divide skin apparently healthy, yet it is not so in reality.

One effect of a scirrhous tumour of the breast, in a great number of cases, is to cause contraction of the lactiferous tubes which pass from different parts of the breast to the nipple, and this contraction gives rise to a drawing in or retraction of the nipple. I believe that this retraction of the nipple is to be regarded as very unfavourable to the ultimate success of an operation; for I suspect that the disease in these cases has always extended into the skin of the neighbourhood, and if you examine the skin in the neighbourhood of the nipple very carefully, you will generally find manifest indications of disease in it.

In many cases of scirrhus of the breast the skin is drawn over the tumour, and on looking at the patient, there is a sort of dimple over the tumour. Where this dimple is seen you may be almost sure that there is a scirrhous tumour beneath it, and when you examine it, you may feel it with the finger. The presence of this dimple is a very great objection to the operation, and there is little or no chance of a permanent cure. What is this indentation of the skin? I have dissected the parts, and I will tell you how it is produced. There is a small elongation of the disease which passes up from the scirrhous tumour, through the adeps, into the skin. There is a filament, as it were, of the disease, varying from a quarter to a half an inch in length, extending from the scirrhous tumour to the skin above it, and the presence of the dimple indicates that the disease is not confined to the breast, but that the skin is already contaminated.

As the disease advances it contaminates the glands in the axilla. If the breast be inflamed, the glands in the axilla may be enlarged, just as glands may be enlarged from a boil or any other inflammation in the neighbourhood; but when there are large indurated glands in the breast, you may be sure that there is the same disease in the axilla—that the glands in the axilla are contaminated, and that there is no ultimate cure to be expected from an operation. You may say

remove the diseased glands from the axilla; I have done this myself, and I have seen it done by others, but I will tell you what always takes place. Perhaps there appears to be only one enlarged gland in the axilla, you attempt to remove it, but when you have got into the axilla you find that there are other glands contaminated in the same manner, though of too small a size to be perceived before.

I need hardly state that if the scirrhous tumour adheres to the parts below, to the pectoral muscle, or to the ribs, and the skin is ulcerated, there is no chance of a permanent cure from the operation.

You will sometimes find patients who, while they have a scirrhous tumour in the breast, have indications of some other form of malignant disease in other organs. One patient may have signs of malignant disease of the liver, another of the lungs, and another of the uterus. Of course, if there be any suspicion of the same mischief going on in internal organs, you will know that no permanent cure is to be expected by the removal of the diseased breast.

You must also take into account the state of the patient's health, her age, and her condition in other respects. If, for instance, an old woman labours under scirrhus of the breast, which is in a state of quiescence, you would never think of amputating the breast, because she may die first—the disease may out-last her.

Now, having taken away these cases, you will find, in practice, that there are very few left in which you will think it right to propose an operation.

What are the cases, then, in which an operation for the removal of the breast is proper? Where the skin is perfectly sound; where the nipple is not retracted; where there is no diseased gland in the axilla; where there is no sign of internal mischief; where there is no adhesion of the breast to the parts below; and where the patient is not very much advanced in life, I should say that there is a reasonable chance of an operation making a cure. I do not intend to say that in all the excepted cases there will be a permanent cure—far from it; but there will be in some instances, and the chance of it may be sufficient to warrant you in recommending the patient to submit to the operation. I have the satisfaction of knowing that several persons on whom I have operated under these circumstances are now alive and well, but who would certainly have been dead long since had I not had recourse to it. As long since as 1832 I removed a breast affected with scirrhous tumour, and the lady was alive and well last year. Since the operation she has married and borne children. Last year I was called to see a lady on whom I performed the operation as long ago as 1830, and there she was, still alive and well.

But besides such cases as I have last described, there are others in which the operation for a scirrhous tumour connected with the breast may be proper. There is sometimes formed on the surface of the breast a hard tumour, which feels like scirrhus; on cutting into it it looks like scirrhus, and I can give it no other name. It appears to be unconnected with the breast, but when you come to remove it you find that it is attached to the surface of the breast, just at one narrow corner. I have removed three tumours of this kind, leaving the breast uncut, except where I separated the tumours from it, and in each of these three cases the patient was alive and well some time afterwards. I do not know that in any one of these cases there was really a return of the disease.

Scirrhous tumours sometimes take place in the nipple, and I believe they are to be distinguished from similar tumours in the breast itself, and that there is a much greater chance of a permanent cure where they originate in the nipple than where they have their origin in the breast. A lady with a scirrhous tumour of the nipple consulted several surgeons regarding it, and as the disease was quiet they all recommended that it should be let alone. After some time she came to London, and placed herself under the care of the late Mr. Rose, of this hospital. I saw her with him. The scirrhous tumour had been going on for some years, confined to the nipple, without coming to any harm, but it was now extending. We agreed that the operation should be performed, and Mr. Rose removed the breast. The breast appeared sound and the nipple alone diseased. The patient recovered, and was alive and well many years afterwards. A lady consulted me concerning what I must call a scirrhous tumour of the nipple, for it was hard, and presented the usual characteristics of scirrhus. It had ulcerated, but the breast seemed sound. She was a large elderly woman, with a very large breast and a great deal of adeps. The removal of the breast would have been a frightful operation, and it is more than probable that her constitution would not have borne it. She was suffering great pain from the disease, and I applied chloride of zinc, and afterwards the caustic potassa, till I destroyed what appeared the whole of the disease of the nipple. This occurred three or four years ago, the wound healed, and the patient is alive and well at this moment.

The two last orders of cases are sufficiently distinguished from scirrhous tumours imbedded in the breast itself.

But here another question arises. Is there no other reason for performing the operation for the removal of a scirrhous tumour of the breast than that of making a permanent cure? May it not be advisable to perform it sometimes in order to give the patient a respite,

and to relieve her from present suffering? Undoubtedly it is, and I will mention some cases illustrative of this observation. A lady, about forty years of age, had a scirrhous tumour of the breast, and there was a cluster of diseased glands in the axilla; she came to me, and the skin over the tumour appeared to be on the point of ulceration, so that the disease was proceeding to great mischief. I informed her that I was afraid the operation would not make a permanent cure, and that I could not recommend it. She inquired whether I had anything better to offer her, and I could not say that I had. She went away, but in two or three weeks came again, and said that she had consulted two or three other surgeons, whom she named, and found that they were all of the same opinion, but that she had come to beg a favour, which was, that in spite of that, and to satisfy her, I would remove the breast. I asked what were her reasons, and she said that she was in these circumstances: that she had a daughter, an only child, eighteen years of age; that she knew she could not live long, but that it was a great object to her daughter that she should live to be her friend and adviser two years longer. It was for that reason, and that only, that she wished to take the chance of the operation. There was no withstanding such an appeal as this, and I removed the breast, but never thought of touching the glands in the axilla. There was no distinct return of the disease in the cicatrix, and the glands in the axilla did not much enlarge; but at the end of two years she was seized with symptoms of disease of the chest, effusion of fluid into the pleuræ, and she died. I may avail myself of this opportunity of mentioning that this is the most common way in which scirrhous tumours terminate life. Miliary tubercles, about the size of millet-seeds, form in the lungs, and then there is effusion of fluid into the pleuræ. A lady came to me with scirrhous tumour of the breast. Both the tumour and the breast were small, and I should have recommended the operation, but there were two or three hard and large glands in the axilla. I said to her, "You are not suffering much, I cannot recommend the operation; let the disease alone." A year afterwards she came to London again, and the tumour had now ulcerated, and the glands much increased. The ulcer in the tumour produced excessive suffering, and she was miserable. I did not remove it with a knife, but I used chloride of zinc and destroyed it. The sore healed, and some seven or eight months afterwards there was a tubercle formed in the cicatrix, which again ulcerated, and I destroyed that in the same way. She was thus enabled to go on with great comfort. After enduring the torture of scirrhus of the breast, she went on suffering nothing except at the time the chloride of zinc was applied, for a year and a half, but at the end of that time disease was established in the lungs, effusion took place into the pleuræ, and she died. A lady had a large malignant tumour in the breast; it was not exactly scirrhus, but approaching to it in its character. I did not think that an operation would lead to a permanent cure. By-and-by she came to me again, and now the tumour was ulcerated, and was very much enlarged. The skin had ulcerated, the ulcer was horribly painful, and her life was truly miserable. I said to her, "I am afraid you will not get an ultimate and permanent cure, but, suffering as you do, it is worth while to have the breast removed in order to relieve your present sufferings." It was a large tumour, which was one objection which I had to the operation. The operation was performed, and there was a good deal of bleeding. However she recovered, and continued well upwards of three years. She had then some abdominal disease, and a tumour could be felt in the belly, which I concluded was of the same character as that in the breast. When I last heard of her she was supposed to be dying, and I presume that she is now dead; but she was relieved from great suffering, and lived three years longer than she would have done had not the operation been performed. I may mention another case. A lady came to town with a large tumour in one breast. There was a fungus protruding, and in the centre of the fungus an opening, through which a probe could pass to the bottom of the tumour, and there was an enlarged gland in the axilla. Sir Astley Cooper saw her with me, and she was suffering a great deal from the ulcerated tumour. We agreed that she should have the breast removed, not that we expected a permanent cure, but to relieve her present sufferings. The breast was removed, the wound healed, and she had no return of the disease there, but a year afterwards her physician in the country wrote to say that she had symptoms of some malignant disease going on in the chest, and she died of effusion into the pleuræ. There was another lady, with a small scirrhous tumour of the breast, which was very painful. She consulted me respecting it. I said that the operation would not make a permanent cure, but as she was suffering miserably she might as well have it removed. I removed it, and she was in comfort for many months.

There may, then, be cases in which you are justified in performing an operation for the removal of a scirrhous tumour of the breast, not with the expectation of effecting a permanent cure, but to obtain respite and relief to prevent sufferings. But here you must use some discrimination, for if the skin be thoroughly diseased I do not believe that in one case you will do any good; the disease will return in the cicatrix so soon that

the patient will derive no advantage whatever from the operation.

There is another circumstance to be taken into consideration when you are called upon to give an opinion as to the expediency or inexpediency of an operation. Is there any danger in the operation itself? It is commonly said that this is not a dangerous operation, but I can appeal to the experience of all surgeons who have had much to do with the operation, whether they have not had persons die from it,—whether it is always free from danger. I know it is not. I have lost patients after the operation, and every surgeon, I know, has had the same misfortune. Here, I think, that something depends on the mode in which you perform the operation, and manage the patient both before and afterwards; and a great deal, also, depends upon circumstances not under your control.

The circumstances that are under your control are these. First, you should take care that there is as little hæmorrhage as possible at the time of the operation. Never give credit to those who stand up at any operation, and say that the patient has lost no more blood than will do him good. Hæmorrhage during an operation is a great evil, and is one of the chief causes of failure, not that the patient dies directly of hæmorrhage, but indirectly. It lays the foundation for erysipelatous and venous inflammation and other mischief some time afterwards. In addition to this take care not to keep the patient very low before the operation. What we used to call preparing a patient for an operation, by low diet on all occasions, was very injurious. The patient need not be stuffed and crammed before an operation; he should have his bowels emptied, but as to repeated purging and low diet, that is wrong both before and after any operation. An operation is a shock to the system, making a great demand upon the vital powers, and if you withhold the sustenance and stimulus to which the patient is accustomed, the constitution probably will not be able to bear the shock.

So far the success of the operation is to a certain extent under your control, but then there are circumstances not under your control that are unfavourable. For example, in a large fat woman, with an enormous breast, the operation is frightful; there is a large extent of surface, and there must be great hæmorrhage notwithstanding all your care. An old person will not sustain the operation like one less advanced in life. The operation is always attended with a certain degree of danger in a patient who, in other respects, is of delicate constitution. Those women whom you meet with in private practice, who have a small pulse, cold hands and feet, and are liable to attacks of hysteria, are always unfavourable for an operation, and especially one that is attended with a moderate loss of blood. In such women as these you must avoid an operation. But where the breast is small, where the patient is otherwise healthy, and not much advanced in life, and where you are careful not to starve the patient, either before or after the operation, and that there shall be as little blood lost as possible, there the danger of the operation is comparatively trifling.

I have thus spoken of the operation for the removal of a scirrhous tumour of the breast, but this organ is liable to other malignant diseases. The observations that I have made apply to the one case as well as the other, but I think that where malignant disease of the breast has the form of fungus hæmatodes the chance of ultimate success is even less than where it has assumed the form of scirrhus. Fungus hæmatodes is a worse form of malignant disease than scirrhus, and in the few cases which I have seen of it in the breast, where the tumour has been removed by operation, the patient has always died within a short time afterwards from some disease of the lungs and effusion into the pleuræ. But, after all, I believe that malignant disease is essentially of the same character, whether it assumes the form of scirrhus, or fungus hæmatodes, or pancreatic sarcoma. Whatever the name given to them by pathologists may be, I believe that malignant diseases are all nearly related one to another, and that the remarks I have made respecting one are applicable to the rest.

I will illustrate this last observation, which, I think, it is of importance in practice you should not forget, by mentioning some cases. A woman had a scirrhous tumour of the breast, attended with that brawny condition of the skin which I described as indicating a very bad form of the disease. There was a conversion of the glands into scirrhous structure, not a distinct tumour of the breast. She had also signs of disease of the liver and a discharge from the uterus. The woman died, and on examining the breast there was a well-marked scirrhous tumour; in the liver there was an equally well-marked tumour of fungus hæmatodes or medullary disease; and in the uterus that peculiar excrescence to which the late Dr. John Clarke gave the name of cauliflower excrescence of the uterus, and which he describes as a malignant disease. These three diseases, all of which are malignant, and to which different names have been given by pathologists, were associated in the same individual, and the preparations are now in the museum. But I have seen the same disease occur in succession, and I will mention a case in point. When I was a young man I went with Sir Everard Home to perform a private operation. A lady from the country had a hard tumour, apparently in the abdominal muscles, which he removed, and when

we came home and examined it we found that a portion of peritoneum adhered to it, and that it was a well-marked case of scirrhous tumour. The wound healed very well, but some time afterwards another tumour formed in the cicatrix, and began to enlarge. She came to London again, and put herself under Sir Everard Home. The tumour was now larger than the first he removed. He operated a second time, but this tumour had none of the characteristic structure of scirrhus. I can only describe it by saying it was like the fibrine of the blood, without colour; laminated something like the buffy surface of a coagulum of blood drawn during inflammation and very slightly organised. The wound healed, but after a time another tumour formed in the cicatrix, and she again come to London. It was not thought worth while to remove this, it increased in size, occupied a great part of the belly, and she died. It devolved on me to examine the body, and the tumour now was entirely different in appearance from either of those which had been removed. It was a regular brain-like mass, a medullary tumour, or a tumour of fungus hæmatodes. In the one case three different kinds of tumour existed in the same individual at the same time; in the other three different kinds of tumour showed themselves in succession. So you will sometimes remove a tumour from the breast in various parts of which you have a different structure.

There is a circumstance that ought to have been mentioned in an earlier part of the lecture, but which I accidentally omitted, and which is always to be taken into account whenever you have any doubt as to the expediency of performing an operation. It is very true that a scirrhous malignant tumour of the breast will, if left to itself, generally terminate the patient's life in three or four years, but very often it lasts much longer. I remember a lady of fashion who had a scirrhous tumour of the breast; she mingled in society, and nobody knew anything about it for several years; I believe ten or fifteen. I remember another lady who had a scirrhous tumour of the breast for twenty-five years, and she died at last, not from disease of the breast, but from effusion into the cavity of the chest. If you are in doubt about the expediency of an operation, and the disease be in an indolent state, the recollection of such cases as I have just mentioned should be sufficient to incline you to reject the operation. The chance of a patient living long with such a disease is not sufficient to make you throw away the chance of an operation where it is likely to be attended with advantage; but it is sufficient to make you decline an operation when other circumstances would lead you to doubt its propriety.

HOSPITAL FOR THE CURE OF DEFORMITIES.

COURSE OF LECTURES

ON THE

DEFORMITIES OF THE HUMAN FRAME.

BY

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Delivered at the Orthopædic Institution, Bloomsbury-square, in 1843.

LECTURE XIII.

Rachitic distortions continued. Additional remarks on treatment of genu valgum. Value of tenotomy in genu valgum considered; use of artificial contraction as a means of perfecting a cure. Rachitic curvatures; mode of production, influence of muscular action. Rachitic deformity of foot; rachitic valgus. Treatment of curvatures of lower extremity. Flat-foot, or spurious valgus.

At the former lecture our time was occupied with some general remarks on rachitis, and with the special consideration of *genu valgum*, or in-knee. If you recal to mind the description I gave you of this deformity you will comprehend the reason of my having considered the changes of form resulting from rachitis as a separate order of non-congenital deformities. The contractions arising primarily from diseases and injuries of articulations were included under the head of *ankylosis*; the distortions dependent on primary disturbance of the muscular system constituted *contractures*; whilst those which at present engage our attention arise from causes which simultaneously affect the parts composing the articulations and the muscular structures which move them.

The model (fig. 24) which I selected for the illustration of genu valgum, represents the deformity when confirmed, at an advanced stage of its development. The model in question represents the constant state of the individual from whose limbs it was taken,—recumbent or standing the deviation of the limb from the natural form remained the same,—temporary pressure effected no amendment in position. But in order that you may as readily recognise the affection in the less severe form, I shall direct your attention to this series of models from young children, whose ages varied from twenty months to three or four years (fig. 26 represents one of the series in question). In this instance, for example (fig. 26), the child was unable completely to walk alone; when recumbent no deformity was apparent to the casual observer, but when placed on the feet, or when endeavouring to walk, the legs became everted. You observe the knees are

Fig. 26.

Rachitiv Distortion, or "Deformity from Weakness," in Young Children: Genua Valga.

not the only articulations affected, the ankles suffer, the toes of one foot being everted, those of the other inclined inwardly. Such a case may be rapidly remedied by the simplest mechanical support, or by interdicting exercise; the other case (fig. 24) will, especially in adolescents, require tenotomy, or the recovery be much facilitated by it. Notwithstanding the mention of the aid derivable from tenotomy do not too hastily have recourse to operation. I have frequently succeeded in the restoration of adults by the mechanical means you witness in daily use in this institution. The question whether, in a given case, tenotomy shall be employed, becomes one of duration of treatment.

You will readily understand that after complete straightening of severe genu valgum, a superabundance of tissues on the internal side of the knee may exist. The skin and subjacent structures appear loose and favour the tendency to relapse. This disproportion does not long continue in children, as from the growth of the limbs the natural relation becomes established. But in adolescents and adults who have respectively nearly or wholly completed their growth, its removal is more slow and uncertain; hence a longer continuance of weakness. In the case of one lady, of lax fibre, after the form and flexibility of the limbs had been restored for a period of four years, this looseness of tissues opposite the internal condyles continued, and rendered the discontinuance of mechanical support unadvisable. Believing that artificial contraction of the skin and cellular tissue might occasion contraction of the subjacent fibrous tissues, I was induced to recommend the formation of a slough, the size of a crown-piece, by means of potassa fusa, on the internal surface of each knee. This was accordingly effected. Owing to the abundance of the remaining integuments the wounds healed rapidly, the resulting cicatrix contracted, and constituted an appropriate support in the required direction. The aid of instruments was dispensed with, and the patient who, when the treatment of genua valga commenced, had not walked during a period of six years, was enabled to walk with the utmost facility, and free from claudication. The history of this case will remind you that neglected genua valga may render locomotion impossible, except on crutches. This unsightly model will illustrate several features of rachitis. The subject, aged nineteen years, was admitted into this hospital during last summer. No more melancholy spectacle could be presented than that here exhibited. It is a sufficient degradation from the ordinary condition of mankind to be dwarfish and deformed, as this individual, but, above all, to be incapable of locomotion, unable to provide for his own necessities, and yet, by reason of his repulsive appearance, unlikely to attract much sympathy from those about him, appears to me to constitute the climax of physical humiliation. You perceive the disproportionate cranium, the small, contracted flattened chest, the enormous abdomen, the long arms, the undeveloped and

distorted lower extremities. The curvatures were irremediable. After successful treatment of the genua valga he quitted the institution, walking very well. It should be remarked that the general health was perfectly good, the intelligence average and capable of development. Although rachitism and cretinism are sometimes associated they are by no means necessarily combined. On the contrary, rachitis is often accompanied with precocity of intellect, but when the brain especially suffers from rachitis the similarity with cretinism is very great.

Rickety distortions of the bones are very common. The disease displays itself by enlargement of the epiphyses of the long bones, the inferior extremities of the radius and ulna being peculiarly predisposed to suffer in this manner. When the disease is more severe curvatures ensue. The long bones present indications of curvature in the following order: the ribs, tibia and fibula, femur, radius and ulna, humerus and clavicle. Being softer than natural they yield to the action of the muscles inserted into them. This is particularly evident in the frequency of change of form of the ribs. The natural office of these bones is to maintain the capacity of the thorax. When their elasticity and firmness is destroyed, the thorax is compressed between the antagonist, inspiratory, and expiratory muscles, and flattening with diminution of capacity results. The ribs, notwithstanding that they have no superincumbent weight to support, yield as early, and often earlier, than any other long bones. The ulna and radius support no superincumbent weight, yet they are liable to curvature, and frequently suffer to a considerable extent.

If, in the case of the radius and ulna, we cannot admit the influence of superincumbent weight in inducing curvature, we are compelled to search for another cause. If we assume this cause to consist of muscular action, it should follow that as these bones are covered with muscles on their anterior and posterior surfaces, the bones will yield in the direction of the stronger set of muscles. The anterior muscles of the fore-arm, the flexors and pronators, constitute the more powerful mass, hence they tend to approximate the upper and lower extremities of the ulna and radius, causing an anterior concavity and a posterior convexity of these bones. I have never witnessed an anterior convexity of them. In the lower extremities the influence of superincumbent weight cannot be rejected; but if curvatures in this situation wholly depended on this cause, I can offer no pathological explanation why curvatures should not readily occur in every direction. Observation, however, shows that curvatures of the femur, tibia, and fibula, occur forwardly and outwardly (as in these models, fig. 27), sometimes principally forwards. This is explicable by the fact

Fig. 27.

Rachitic Curvatures.

that the more powerful mass of the muscles is situated on the posterior and internal aspects of the members. The origin of curvatures from muscular action affords a solution of the occurrence of curvatures in children who have never been placed on the feet, or who, in consequence of the excessively severe rachitism, have never attempted to walk.

The next feature of rachitic curvatures to which I shall advert is that which accords with the law I have, early in the course, laid down, that wherever the origin and insertion of a muscle remain, for a period of weeks or months, approximated, structural shortening of its fibres will ensue. The muscles, therefore, on the concave side of the member become contracted, and constitute a principal obstacle to restoration of the form of the limb. You will observe, in these curvatures (see fig. 27), that the articulation of the ankle suffers from the altered direction of the shaft of the tibia, the internal malleolus being prominent, the toes become everted, an undue strain of the ligaments and muscles of the sole take place, and a flat-foot, or rachitic valgus, is produced,—this ankle-deformity, if not remedied, becoming, in later life, often the chief impediment to ease and comfort in walking.

Treatment of Curvatures.—I have already mentioned the available means for promoting improvement of the form of the thorax, and it is unnecessary to dwell on curvatures of the upper extremity; I shall, therefore, specially detain you with the treatment of curvatures of the lower extremity. It is, in the first place, essential to determine the possibility of a rachitic bone becoming straight under any circumstances. This is proved by observation of the spontaneous restoration which occurs in slight cases. I shall add to this the additional proof afforded by having witnessed the straightening of more severe cases by art. In slight cases you may adopt the general principles of treatment of rickets described in the last lecture, and safely leave the curvature to the spontaneous efforts of nature. Do not, however, trust her too implicitly. If you perceive that, with advancing age, the deformity increases, you should consider the propriety of resorting to mechanical support.

Common straight splints, bandaged on the concave side of the member, or irons, *properly adapted* by the instrument-maker. I repeat the expression properly adapted, for if the person you employ manufactures "irons" without reference to the individual case, the straightening may not be accomplished, and your prescription be pronounced useless if not injudicious. Cases frequently present themselves in which the question will arise whether the period for effecting straightening has not already elapsed. You will judge, from the general condition of the individual, whether the necessary deposit of calcareous matters, and consequent normal firmness of the bones, or even *eburnation*, have taken place, whether the ligaments and muscles have acquired their natural strength. You may form some opinion on this subject by manipulation of the members, by ascertaining whether the bones continue elastic, or whether they feel quite inflexible. In this examination avoid much pressure, or you may unexpectedly feel the bones yield to an unexpected extent. In short, they may bend to an acute angle, or a fissure or fracture ensue.

Is tenotomy available in rachitic curvatures? If you bear in mind the existence of structural shortening of muscles on the concave side of the member, and that this muscular contraction is a principal obstacle to restoration when the bones are still soft, you will perceive that in principle tenotomy is applicable to such cases. You would expect by tenotomy to facilitate the mechanical treatment.

I will, in the next place, relate my experience of tenotomy as applied to rachitic curvatures, and then offer you some reflections on the subject. In one case in which the tibia and fibula appeared firm, the rachitism having subsided, and *eburnation* imminent, if not present, I divided the gastrocnemii, with the view of ascertaining whether it would in this case facilitate replacement by appropriate apparatus. The result was unfavourable, inasmuch as at the expiration of six months, although the patient walked and ran freely, the bones were not straighter than before the operation. In another case, an adult female, who had suffered from repeated fractures of the long bones during a period of several years, the cause of the fractures was probably "fragility of the bones," a disease described under a variety of names, and the precise pathological character of which is not determined. This patient, on her admission to the institution, presented several (rachitic?) deformities; that which especially relates to our present subject was extreme curvature of the tibia and fibula. The bones were bent to an angle of 70° or 80°. Although they felt rigid on manipulation they were not entirely devoid of elasticity. The effect of this considerable angular curvature was that of shortening the limb five inches. The general health had, during the preceding two years, greatly improved, and no fracture had occurred during that time. It was probable that perfect ossification of the bones was imminent. This consideration induced me to test the advantages of tenotomy in this instance.

The tendo-Achillis was accordingly divided, and after cicatrisation extension was applied. The apparatus employed consisted of a shoe-piece to embrace the foot, and another piece to encircle the upper part of the femur, and touch the pelvis as a fixed point. Extension between the foot and hip was effected by a connecting male and female screw, and the deformity slowly reduced. The bones were elongated so as to permit the approximation of the foot to the ground within two inches and a half. On account of the existence of other deformities and the slowness of the reduction, I was not induced to retain the patient in the institution, and there attempt to effect complete restoration. She is now attending as an out-patient, continues to wear the instrument, walks in comfort, and with greatly diminished lameness. The value of this case consists in the proof it affords of the possibility of reducing extreme curvatures by the aid of tenotomy.

The applicability of tenotomy in ordinary rachitic curvatures is a perfectly different consideration. It is unnecessary, in the great majority of cases, because they can be successfully treated without its assistance, and in those rachitic curvatures which resist mechanical apparatus the issue of the operation is so uncertain that its performance does not appear justifiable. This active remedial measure is the less indicated in rachitic curvatures, as even when considerable, as they usually affect both limbs, they do not produce lameness.

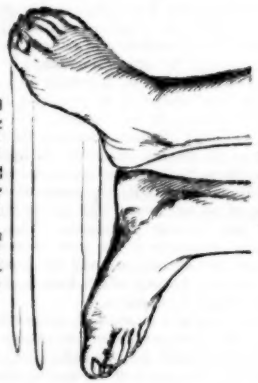
I have already mentioned that in rachitis, either in consequence of curvature of the leg, or independently, the ankle-joint may be affected. The point of the foot is, therefore, directed inwardly or outwardly, constituting rachitic varus and valgus. Rachitic eversion of the foot is less common, rachitic valgus very common. You may observe this deformity in these models (fig. 26). It may be treated by the same means applicable to genu valgum and curvature.

Before concluding the consideration of rachitic deformities it is necessary to direct your attention to the value of frictions with iodinous embrocations, and manipulations suited to rectification of deformity. It may be doubted whether the local application of iodine is in these cases beneficial, but the utility of the frictions and manipulations is incontestable, and the embrocation, at all events, subserves the unquestionably useful part of the process. The diligent nurse, the experienced "rubber," of which "profession" numbers are to be found at spas and

watering-places, become here invaluable adjuncts to your prescriptions.

The deformity of flat-foot is a common affection about the age of adolescence; you may be consulted respecting its treatment as early as childhood, but it rarely becomes a serious deformity until the age of fourteen to eighteen years. It is not often produced later unless from rheumatism, and occasionally from long-continued exertion in standing and walking. Like genu valgum, which occurs in growing youths, flat-foot appears independently of decidedly rachitic symptoms. The effects of common debility upon the limbs are so similar to those of rachitis, that, pathologically, I would propose to consider them as identical, but for practical purposes, and in order to simplify the remarks I have to offer you on the treatment, I will consider flat-foot as dependent on simple debility.

On examination of one of these models (fig. 28) you remark the sinking and destruction of the tarsal arch and consequent flattening of the sole. In slighter cases no particular displacement of the tarsal bone can be demonstrated; the deformity then consists of a mere yielding, through elongation of the ligaments and muscles connecting the tarsal bones, the metatarsus, and the phalanges. In severer cases (as in fig. 28) the scaphoid, internal cuneiform, and astragalus, leave their respective positions; the first two become applied to the ground, and the astragalus unnaturally projects. The convexity of the dorsum is lost, eversion of the toes and actual elongation of the foot ensues. The mobility of the ankle-joint may persist during months and years, but with increasing deformity it is annihilated, proper extension and flexion rendered impossible. The equilibrium of the muscles of the ankle-joint is destroyed, the peronei and anterior muscles of the foot obtain the preponderance, and the eversion of the foot becomes ultimately as considerable as in true talipes valgus. The preponderating muscles undergo structural shortening, the outer margin of the foot (and even sometimes the front of the foot generally) is raised from the ground, locomotion being effected to a considerable extent on the heel. The gastrocnemii then waste, and the gait becomes very unsightly. In the origin of flat-foot weakness only is the subject of complaint; after a certain time pain at the inner ankle and in the sole is experienced, especially after long standing or walking. This pain may be so considerable as to render exercise a cause of great suffering, but after another interval of time, provided necessity has compelled the individual to continue laborious exercise, the tissues of the sole yield sufficiently to obliterate the arch, and the painful tension and consequent pain subside. Exercise in cases of extreme flat-foot, although accompanied with lameness, is not so painful as in slighter cases.



Talipes Valgus Spurius. (Fig. 28.)

UNIVERSITY COLLEGE HOSPITAL.

CASES OF

STONE IN THE BLADDER AND URETHRA,

TREATED

BY MR. LISTON,

BY

LITHOTOMY AND LITHOTRITY.

LITHOTOMY.—J. C., ætat. 37, admitted November 10, 1843, under Mr. Liston. Is a native of Cambridgeshire, and has resided there up to the present time; single; of intemperate habits; has been a coal-heaver for the last twenty years; of stout conformation and bloated appearance. His father died some years ago, but the patient does not know from what disease; his mother is living and healthy, and states that, when an infant, J. C. was frequently troubled with retention of urine. Has had gonorrhœa twice. About a year and a half ago he had some difficulty in passing his water, and generally pain immediately afterwards. In a short time after this he passed several small stones, about the size of peas, and observed that some blood came away with his urine. He was attended by a medical man, who cupped him on the loins, and employed other palliative means. Very shortly after this he passed another stone, larger than any of the preceding ones. He continued to work until the difficulty and pain in passing his water became so great that he was unable to follow his employment. When walking about or riding in a cart the pain in the hypogastric region was greatly increased. The foregoing symptoms have continued, more or less, until lately, when they in-

creased so much that he was advised to come to London and place himself under the care of Mr. Liston.

Present Symptoms and Preliminary Treatment.—Frequent inclination and difficulty in the passing of his water, the stream of which at times becomes partially stopped, with pain in the hypogastric region and at the end of the penis immediately afterwards; general health pretty good; sleep irregular, in consequence of the frequent desire to pass his water; specific gravity of the urine 1023, and highly albuminous; bowels not open.

November 10. Ordered half an ounce of castor oil, to be taken immediately; a hot bath at night.

11. The bowels were opened by the castor oil.

13. Mr. Liston, at his visit this day, sounded him, and found two stones in the membranous portion of the urethra. Repeat the bath at night.

℞ *Tincture of henbane*, a drachm;
Camphor mixture, an ounce and a half. Mix for a draught, to be taken at bed-time.

14. Has felt chilly several times since the introduction of the sound yesterday; had a restless night, and this morning feels feverish; skin hot and dry; pulse 92, full and strong; bowels not open. Ordered half an ounce of castor oil immediately.

15. Passed a bad night; complains of a troublesome cough; pulse 120.

℞ *Chloride of mercury*,
Jacob's powder,
Powdered rhubarb, of each, three grains. Mix for a powder, to be taken at night.

16. Feels much better this morning; slept during the greater portion of the night; cough still rather troublesome; pulse 95.

℞ *Almond mixture*, an ounce;
Compound tincture of camphor, twenty minims. Mix for a draught, to be taken at bed-time.

17. *Operation.* — The patient being, in every respect, pretty well to-day, Mr. Liston proceeded to remove the stones by making an incision into the perineum and exposing the membranous portion of the urethra, which was next cut into, and the stones extracted by means of a scoop. Mr. Liston, suspecting that there were some calculi in the bladder, passed the sound into it, and, detecting some, completed the operation by extending the incision in the perineum, after the usual manner for lithotomy, and extracted from the bladder, by means of the forceps, two stones of the size of filberts. A straight elastic tube was then inserted into the perineum, and the patient removed from the operating-table and ordered the following draught:—

℞ *Tincture of henbane*, a drachm;
Camphor mixture, an ounce and a half. Mix for a draught, to be taken immediately.

In about an hour after the operation the urine began to pass through the tube, and in two or three hours afterwards it escaped freely. During the evening he had several slight rigors, and passed a restless night.

18. Feels better this morning; the urine continues to escape freely through the tube; Pulse 94.

20. Progressing favourably; this morning some urine was passed through the natural passage; water-dressing was applied to the wound.

22. Bowels not open; pulse 90. Ordered half an ounce of castor oil immediately.

24. Wound gradually healing; patient in every respect going on well.

26. He has quite lost his cough; appetite good.

28. Continues to improve.

30. Urine passed entirely through the natural passage this morning.

Dec. 2. The patient was this day so much improved that he was allowed to walk about the ward for a short time.

6. Wound rapidly healing.

11. Wound very nearly healed; specific gravity of the urine 1018, still albuminous; bowels open; tongue clean; appetite very good; sleeps well.

Clinical Remarks. — The circumstances connected with this case combined to render the patient by no means a favourable subject for any operation, having been subject, for nearly two years, to constant irritation of the urinary organs from the passing at different times of small calculi, his occupation, his intemperate habits, his bloated unhealthy appearance, and the presence of albumen in the urine on his admission, would incline one to suspect that there was some disease of the kidneys. The presence of calculi in the urethra being fully ascertained, and causing so much distress and inconvenience, it was rendered necessary that something should be done to alleviate his sufferings. The direct removal of the calculi by an incision into the perineum appeared to be far more preferable than the attempt of extraction by any other method, causing less pain and irritation, and being attended with less danger to the patient. Another strong reason for this mode of operating was the suspicion of there being calculi in the bladder, as well as in the membranous portion of the urethra, the incision having merely to be prolonged, in case of such a necessity arising in the course of the operation: this was found to be the case. The result of the operation has been very encouraging, and would justify us in again resorting to it under circumstances equally unfavourable.

LITHOTRITY.—W. P., ætat. 30, admitted under Mr. Liston October 17, 1843. A silk-weaver; is a native of Halstead, in Essex, and has resided there up to the present time; of ordinary conformation and sickly appearance. States he has always enjoyed good health, with the exception of the present affection. Thirteen months since he suddenly experienced a scalding in the urethra after making water, and also felt pain in the glans penis; the week following he walked the distance of ten miles, which caused the pains to be more severe, and he then, for the first time, observed blood in the urine. These symptoms continuing, he applied to a surgeon, three months after he first experienced any inconvenience; some medicine only was administered. Shortly after this period he began to experience difficulty in making water, and at times the stream of urine would suddenly cease to flow. Four months ago he was sounded, but no stone found; he then went into the Colchester Hospital, where he was again sounded, and a stone discovered; an operation was proposed, to which he consented, but the surgeon being taken ill, he left the hospital, after the lapse of three months, without anything having been done for his relief.

October 18. Mr. Liston, at his visit to the hospital, introduced a sound, and detected a stone lying in the fundus of the bladder, on the left side; it appeared to be about an inch in the long diameter. The urine, on being tested, was found to be acid, and contained no albumen; a quantity of mucus was deposited after standing a short time.

19. Bowels being confined, ordered an ounce of castor oil immediately.

20. The operation of lithotrity was this day performed; the pelvis being raised by pillows, so that the fundus of the bladder was made the most dependent part; several ounces of tepid water were injected into it; Mr. Liston then introduced the lithotrite and crushed the stone. The patient did not complain of any pain from the operation, immediately after which he was ordered—tincture of henbane, a drachm; camphor mixture, eleven drachms; mix for a draught, to be taken immediately, to allay any excitement or irritation that might follow; he was also desired to have a warm-bath. During the time he was in the water he passed several fragments of the stone, which occasioned slight pain; feels well.

28. Slept soundly during the night and feels very well; some more of the stone has come away.

22. Going on well; fragments of the stone continue to come away.

24. Feels very well; the quantity of stone passed is about a drachm.

25. Mr. Liston to-day again introduced the lithotrite, proceeding as before. The stone appears to be entirely crushed; he brought away a considerable quantity of the detritus by means of the scoop.

℞ *Tincture of henbane*, a drachm;
Camphor mixture, an ounce and a half. Mix for a draught, to be taken immediately. Ordered a hot bath at night.

26. Did not sleep well last night, and complains this morning of headach and of being feverish.

27. Yesterday afternoon he vomited several times; feels better this morning; a quantity of the stone has come away. Ordered an ounce of saline mixture three times a-day.

29. Has quite recovered his health, but feels rather weak. Discontinue the mixture.

31. Has not passed any fragments since yesterday morning, but has the sensation of there being one or two pieces which are too large to enter the urethra.

Nov. 3. Mr. Liston introduced the lithotrite and crushed one or two remaining fragments, he then passed the scoop into the bladder and removed some of the detritus.

℞ *Tincture of henbane*, a drachm;
Camphor mixture, an ounce and a half. A hot bath at night.

4. Passed several fragments last evening, and two or three pieces this morning; feels very well; is able to retain his urine, the bladder not being at all irritable.

6. Feels quite well; has not passed any fragments of the stone since last report; passes his urine freely; it appears to be perfectly healthy.

8. Mr. Liston passed the lithotrite to-day, for the purpose of ascertaining if any more of the stone remained in the bladder, but could not detect any.

9. Is quite well, and expresses himself able to return home on foot.

10. He was this day discharged cured.

It having been ascertained that the size of the stone was small, the urine, on examination, having been found to contain no albumen, and being tolerably healthy in other respects, and not voided oftener than natural, would lead us to believe that the state of the bladder and kidneys was such as to admit of the operation of lithotrity being performed, particularly as his general health in other respects was good.

PRACTICAL OBSERVATIONS AND SUGGESTIONS.

By MARSHALL HALL, M.D., &c.

No. I.—ON THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

THE various plans which have been hitherto proposed for the treatment of spinal curvature have consisted, for the most part, in the administration of,

1. *Posture.*
2. *Stretching.*
3. *Pressure.*
4. *Stays.*

5. *Rubbing.*
6. *Exercises.*

That each of these means of cure may possess a certain efficacy, and that all, combined in a well-arranged plan, may especially do so, I am quite ready to admit. But I am also of opinion that each has been attended by its injurious consequences.

I have known the recumbent posture continued for months, and even years, until the dorsal and lumbar muscles have, in spite of the exercises conjoined with it, become perfectly emaciated, and totally incapable of performing their office of supporting the spinal column in the erect position.

I have seen the spine, straightened by means of the recumbent posture, by stretching, and by pressure made on the projecting parts, retain its form during the continuance of the horizontal position, but gradually yield and *fall* into its former curvature on the resumption of the erect postion. It is plain that these three modes of treatment can have no permanent effect unless, indeed, the form assumed under their influence be confirmed, as it were, by the deposit of solid bony matter during *growth*.

The same observations may be made in regard to the stays hitherto devised, which not only frequently induce injurious pressure, but especially exert an injurious effect upon the shoulders, raising them inordinately, and on the points made the "*points d'appui*," particularly in the very young and growing subject.

Of mere rubbing little can be said, it can accomplish nothing.

The most useful remedy in general use is the system of *exercises* adopted in the treatment of curvature. But these exercises are, generally speaking, too violent, and rather fatigue than nourish and strengthen the muscles which are so frequently atrophied in this disease.

The plans for the treatment of curvature of the spine which I propose have three several objects in view:—

The first is the restoration of the natural form.

The second, the re-nutrition of the weak and emaciated muscles.

The third, the restoration of the health and vigour of the general system.

I propose to accomplish my first object by supports applied to the curvatured form, so constructed as to give the most perfect support without inducing the least injurious pressure, either on parts too protuberant, or on others, as the axilla or the ilium, taken as points of support.

Let the patient be artificially made to assume the straight or perfect form by means of posture, stretching, and pressure; under these circumstances, carefully preserved, let a cast of the bust be taken in plaster of Paris; from this cast let a mould in wax be taken; lastly, on this mould let stays of steel be accurately fitted (or let copper be deposited by means of the electrotype and sawn in two vertically). This is to be covered and lined with soft leather and slight wadding, and fixed and worn in the ordinary manner, drawn to the proper degree of tightness.

It is obvious that these stays being put on and fastened in the recumbent posture, the bust *must* retain the perfect form, although the patient may now resume the erect position; that no partial or injurious pressure will be made on any part; and that there is neither any constrained position nor any obstacle to the due use of the muscles.

Such a stay may be always worn, even by the incurable; but to the curable it affords the opportunity of assuming the erect position and of adopting the most appropriate exercises, even in the open air, not only without injury, but with every benefit which can accrue from them. The length of these stays must be such as not to interfere with the movements of the arms. The crutches, as they are very properly termed, of the ordinary surgical stays have this injurious effect; and whilst they merely raise the shoulders unduly and awkwardly, they allow the spine to sink down between them and resume its curvature. On each point tending to project efficient pressure is made, whilst to the yielding portions of the spinal column efficient support is given. This pressure and support are gentle, diffused, and the stay being perfectly *symmetrical* with the bust, perfectly equable. No injurious pressure is made on the bones of the pelvis, preventing their just development. No violent pressure is made on any part. There is, in a word, *no* pressure from without. The pressure which does take place is that induced by the assumption of curvature, of which the support proposed becomes the immediate preventive or corrective.

The support afforded by this stay, whilst it is thus equable, will also be most efficient. The patient is constrained to assume and to retain her most perfect form, whilst the limbs are free to perform every kind of motion, to go through every kind of exercise, and the patient breathes the free and open air.

It is useless to pursue this subject. The observations which I should make will naturally occur to all; I will, therefore, pass on to another topic.

It has been stated that *rubbing* is a measure adopted in the treatment of curvature of the spine. But friction alone can do little. It may reduce the swelling or pain produced by chronic inflammation or rheumatism; but it can accomplish little in cases of atrophy or defective nutrition, and such is the state of things in the muscles passing along the convex parts of spinal curvature.

In order to accomplish the restoration of nutrition in these atrophied muscles something more must be done and this; remark

leads me to a second proposition for the treatment of these distressing cases. It is that of inducing, by means of rubbing, what I will designate *counter-muscular effort*.

If, when the patient is sitting perfectly erect and unsupported, we press on any given point along the spine, with the finger, every muscle situated *below* the point of pressure is necessarily called into a state of action, which (action and reaction being equal, but in contrary directions) is, in degree, commensurate with that pressure, unless, indeed, the patient *yields* to the pressure. In this manner, any one of the numerous muscles situated on either side the spinal column may be called into action *at will*, and this by means of the very friction which was formerly used in a form that may be termed *inert*, and in a degree proportionate to the *pressure* with which it is applied.

The patient being placed unsupported in the erect position, the hand or hands are to be passed along the muscles of the spine, pressing, at first, very moderately, then more and more firmly, whilst they are carried upwards and downwards alternately, in the ordinary manner of rubbers. At every successive instant a fresh set of muscles is called into action more particularly, whilst the whole system of the spinal muscles is made to contract together, or in their turn.

But the very muscles which are most atrophied and enfeebled are brought into action by the simple manœuvre of applying the pressure and rubbing immediately *above* them respectively. In this manner their nourishment is brought, in a certain degree, under our control, and the spinal column is held straight and erect by augmenting the power of its natural and living supporters.

By the stays already described the morbid extension is removed from the enfeebled, atrophied, and stretched muscles. By the friction and the counter-effort of these muscles they are nourished and strengthened. By both these means they are rendered efficient in their office of supporters and movers of the spinal column and the head.

These stays must, as I have already stated, be so prepared as to be compatible with the exercises of the general form, which call into action the muscles seated along the spine. They may also be so contrived as to expose an open space at the particular part along which the proposed rubbing, with counter-muscular effort, may be applied.

With both these objects in view I beg particularly to recommend the study of the beautiful work of the late Dr. Barclay on Muscular Motion. It is replete with observations which assume the character of most useful suggestions to those who are engaged in the treatment of lateral curvature of the spinal column.

As to the kinds of exercise, none of the ropes and pulleys devised to be employed *within-doors* can be of any value. The hoop, the skipping-rope, &c., used daily and properly in the *free open air*, or whilst inhaling the *sea-breezes*, are the only exercises worthy of consideration. The hoop should be bowled with the left hand, and the left handle of the skipping-rope should be weighted. But these are particulars upon which I need not enter on the present occasion. I may, however, suggest the propriety of a seminary or establishment, on some healthy sea-coast, for young ladies of delicate health and impaired form, as worthy of the consideration of persons properly qualified for such an undertaking.

CASE OF HÆMATURIA.

To the Editor of THE LANCET.

SIR,—Should you deem the following case of hæmaturia worthy of insertion in your Journal, I shall feel obliged by your publishing it. From the prodigious amount of blood voided, and the only remedy employed being persevered in until the termination of the case, it interested me much, and I send it for the benefit of your readers. I am, Sir, your obedient servant,

D. ROCH, M.R.C.S.E.

January, 1844.

William Hollis, aged 83, was seized with hæmaturia on Wednesday, the 3rd inst. On the following day he made application to me, and was admitted into the infirmary of the Hendon Union. He complains only of a dull pain in the region of the kidneys, and an occasional difficulty in passing the contents of his bladder (which, he says, consist entirely of blood), owing to the urethra being plugged up with coagula. Upon their expulsion, which takes place after much straining, he is able to micturate as easily as usual, until the same hindrance recurs; pulse 80; tongue clean; appetite good. Ordered farinaceous diet, perfect quietude, and the following medicines:—

℞ *Castor oil*, an ounce.

Tincture of muriate of iron, ten minims;

Water, half an ounce. The draught to be taken every hour.

Friday, 5. No better; the quantity of blood voided during the last twenty-four hours must, at the lowest calculation, have been two pints; bowels acted upon twice; pulse 80; tongue clean; appetite very good. To continue the steel.

Saturday, 6. Quantity of blood passed still very great, though somewhat less than before; has lost the pain in the back, but complains of a sinking at the scrobiculus cordis, but with that exception "feels as well as ever;" pulse intermitting every five or six beats. To continue.

Sunday, 7. Much better, though the quantity of blood passed is still considerable; complains of slight giddiness; no intermissions; bowels confined. To omit the steel, and take only castor oil, six drachms.

Monday, 8. Urine voided this morning perfectly limpid, and free from the slightest tinge of blood; feels very giddy; bowels open.

Sunday, 14. Has had no return of the hæmorrhage, and is now quite well in every respect.

That either one or both of the kidneys was the source of the hæmorrhage in this case is evident from the pain in the region of those organs, and also from the fact of the blood being equally diffused throughout the urine. That it was the consequence of some organic lesion, and not of inflammatory action, is clear from the quantity of blood voided being much greater than ever takes place in such cases, as well as from the absence of all symptomatic fever.

*** We do not see, in the details of Mr. Roch's case, any reasonable grounds for supposing that his patient was labouring under an organic affection of the urinary organs. The case appears to us to be one of idiopathic hæmaturia. The rarity of that disease alone would suffice to make the above case an interesting one. P. Frank, at Pavia, only met with six instances of hæmaturia in four thousand patients.

THE MODERN PRACTICE OF MEDICINE.

The author of Lacon has well and quaintly remarked, "None despise physic so much as physicians, because none so thoroughly understand how little it can perform; they have been tinkering the human constitution four thousand years in order to cure about as many diseases; the result is, that mercury and brimstone are the only two specifics they have discovered; all the fatal maladies continue to be what they were in the days of Hippocrates, Galen, and Paracelsus."

Allow me to offer a few general observations on the "scientific" practice of the *ars medendi*, as at present carried on, which have sometime since presented themselves to my mind, and, since my attention has been more particularly directed to the subject, appear on each succeeding day more fully borne out by experience and observation of the facts that the powers of nature are adequate, with but little assistance, to accomplish the cure of diseases (when curable), and that our application of the means by which we flatter ourselves we aid her in the struggle, as well as the means themselves, are much more inefficient than is generally supposed.

That all medical practice is essentially empirical, is self-evident to any one who considers the lamentable deficiency of our knowledge relative to the nature of the primary or physiological action of medicines, and the total nullity, the "Cimmerian darkness," into which we plunge when we call to mind the unsatisfactory (using the mildest term) results of attempted investigation with regard to the therapeutic (secondary) effects of the multifarious compounds which form the *farrago medendi*. In reality, we pour medicines, concerning the true nature of whose action in disease we know nothing, literally and simply nothing, into a body of which we know very little, thus affording an indisputable, unmistakeable illustration of what philosophers have termed the *ignotum per ignotius*.

What is disease? May it not be defined as the struggle of the natural powers of the constitution to rid itself of morbid and effete matter (to the accumulation of which the human frame is from numberless causes, hygienic and otherwise, necessarily exposed)? This position obtains a striking corroboration from those derangements of the system which become cumulative up to a certain point, terminating by a regularly defined attack of disease, as seen in the antecedent symptoms which usher in, and end by, a fit of gout. Fever may also be taken as an example elucidative of this opinion: we see the morbid principle giving rise to the aggregation of symptoms termed fever accumulates in different constitutions in a direct ratio with the susceptibility of the individual exposed to the exciting cause, and then, when the system has become (in a manner) "charged," the fever, the effect from which alone we can trace back the cause, is the effort of the *autocrateia*, the *vis medicatrix naturæ* (definition is impossible), to free itself from its unwonted burthen, and recover that equilibrium, that balance of the vital functions, which constitutes health.

Speaking in general terms we may assume acute disease to terminate in one of three ways, either in a return to health, in death, or by degenerating into a chronic affection. Confessedly, then, the action of all medical treatment must be acknowledged to be directed towards the one sole end, the re-establishment of health, that perfect balance of the vital actions from which results the absence of disease. Now, whatever be the number of modifications of the primary cause which gives rise to one or other of the three effects mentioned above, still it is in strict consonance with sound reason and common sense to conclude, there being but one indication to be pursued, one ultimate goal to be reached in our treatment (generally speaking), that the principles on which our attempt to fulfil that indication should be founded are, in all probability, reducible to a few, a very few, concise rules, based on the knowledge of the first cause,

the *primum mobile* of disease (taken in the most comprehensive sense of the word).

The *post et propter hoc* of recovery, after the administration of (presumed) remedies, appears to be quite overlooked in this age of improvement; the question whether cure is effected by means, or in spite of, "medical ministration," suggests itself but seldom. In regard to this point I may remark (the proposition being by no means a new one), that in many cases the constitution of the patient has not only to bear up against the disease, but also the remedies given. This problem obtains a beautiful solution in the not infrequent occurrence of a person quitting, "full of strange words and fury," after a long and fruitless attendance, the regular licensed dispenser of the "lumbering polypharmacy" of the present day, to seek the "unhallowed aid" of the disciple of Hannhemann, who straightway administers his infinitesimal (apologetic) doses; in other words, amuses the patient, and, in reality, does nothing but let nature take her course unaided (uninterrupted?); thus often concluding the *improbus labor* of the "qualified man" (haply a "dub," or a "pure") little to the credit of the legitimate practice of physic. This was well and forcibly told in a late leading article of THE LANCET.

It is in the treatment of chronic affections more particularly that theory takes the place of fact, one general line of practice—(having undergone but little material alteration since the time of Hippocrates, whose axiom, that all maladies dependent on exhaustion are cured by repletion, and those of repletion by exhaustion, is of more general application than avowedly held to be)—being followed in many of the acute forms of disease, which (for the most part) present to our view a few unmistakeable, leading characteristics. In this class nature herself frequently suggesting the remedy, as when the internal disorder is relieved by the supervention of cutaneous eruption; when fever is carried off by spontaneous diarrhœa, &c.; when, by critical or symptomatic epistaxis, cerebral congestion, with its train of accessory symptoms, the *avant-couriers* of apoplexy, is for a time relieved, until the next superinduction of plethora, from persistence of the exciting causes, gives rise to its recurrence.

In further support of the opinion of the "materialism" of disease, as contradistinguished from that of its being "but a state to be changed," I may instance those ulcers which take place in divers morbid states of the constitution, and which form a species of diverticulum or accessory outlet for the superabundance of the morbid "something" generated in such conditions of the system. The symptoms of constitutional irritation contingent on the suppression of such discharges (cases of this nature must be familiar to most practitioners), and which is generally relieved either by the reappearance of the ulcer and consequent discharge (local, but manifestly constitutional in its origin), or by the substitution of an artificial drain in the shape of an issue, &c., must lead us to a mental induction strongly corroborative of this theory: theory it is, certainly, but deducible from, and strongly based on, known facts.

As less direct confirmatory evidence we may observe, for example, the effect produced when gout is wandering about the system (manifesting its unwelcome presence by those erratic flying pains, antecedent to the actual invasion of the foe), by a mustard-poultice applied to the extremities. Upon what principle are we to account for the fixation of the specific morbid action, other than that the irritation caused by the stimulus of the application induces a preternatural flow of the fluids to the part irritated, and forms the *point de depart* of that, continued throughout the attack by the morbid ingredient present in the blood which has been supposed to be the cause of gout.

Generalising on these few illustrations we see that all curative measures are more or less imitative of natural processes; as, for instance, spontaneous bleeding, critical evacuation, change of seat of disorder by eruption, vicarious discharges, &c.

Do we not frequently observe diseases of the same nature get well under medical treatment of the most opposite kind? Is it not sometimes the case (I say *sometimes*, for the alternative is rarely permitted, indeed,) that a patient, after having undergone the routine of practice scientifically (save the mark!) adapted to his malady (I mean that according to the established orthodox rules of the day, to doubt the correctness of which is heresy treble dyed), sets his face completely against it; and acting on the principles inculcated in those very trite and apposite lines—"throw physic to the dogs," &c.—may have the good fortune to date his recovery from that epoch when the non-administration of "medicaments" permitted nature to work her will unaided by remedies possibly misapplied on a diagnosis of questionable verity.

In pursuing the practice of experimental medicine by which the greater proportion of the evils "flesh is heir to," are treated,—granting the remedies used by the physician to obtain the mastery over the disease, they must necessarily be considered in a great measure as "chance victors;" for, of the true nature of the vital actions in a state of health, we are ignorant; of the modifications they undergo in disease we know nothing, save from certain effects produced, which are manifest to our senses, the *primum mobile* remaining beyond our ken; and "we see no force in nature, and no complication of forces, which can tell us in what originated the system."—What Dr. Chalmers says of

the moral is equally applicable to the physical constitution of man.

From my own experience I am led to the inevitable conclusion that the simpler the line of practice followed the greater the advantage derivable from medicine, and the closer the limits within which we confine our interference, the more certainly is our treatment likely to be beneficial. This was the true secret of Abernethy's plan, which was about the same period put in force, more particularly as regards acute diseases, by Dr. Hamilton. "True knowledge of medicine (says an acute writer) is like the horse-shoe stuck at the soldier's girdle, which saved his life. I see (quoth he) a little armour will do the trick if it be but put in the right place."

Derangements of the *primæ viæ*, on whose integrity of action the rest of the frame is helplessly dependent, the completion of whose functions is the elective separation, elimination, and absorption, of a fluid from which all the tissues, without exception, are built up; through whose agency the continual waste of substance our bodies undergo is supplied by the unremitting (proportionate) superimposition of atoms, will, I apprehend, be found the first tangible cause of most of those affections termed acute. The, for the most part, easily traced previous disorder, referrible to functional derangements of these all-important organs, and its invariable coexistence, more or less pronounced, with acute idiopathic disease, yields strong evidence in favour of the opinion, that in disorders of the sthenic type, proceeding from internal lesion or derangement of healthy action, the primary cause, at least the first of which we are capable of forming an appreciable idea, will be found in some abnormal state, or some error of function, the performance of which is, in the economy of nature, allotted to the digestive organs.

How can we account for recovery from diseases, to all human intelligence of an apparently similar character in every respect, under plans of treatment that are as opposite as the antipodes, save by the just appreciation of the restorative powers of nature? It is quite a work of supererogation to give instances of this kind, which must multiply themselves in the mind's eye of every one who has "seen practice." One of the Bells has made the following apposite remark bearing on this point. I quote from memory:—"Though the powers of the constitution be so well pronounced as to bear a considerable strain from experimental medicine (*therapæia pertur batrix*), yet there is a boundary, a rubicon, the overstepping which is attended with disaster." Is the cutting sarcasm of the poet less applicable at the present time than a century since?—

> "Death would have entered, Nature pushed him back;
> Supported by a Doctor of renown, his point he gained!"

Surgery, unlike physic, is an art which is capable of having its evidence collected and rendered perfectly demonstrable to the senses; hence the beautiful simplicity (the true perfection of a science) to which it has been brought of latter days, a perfection consisting nowhere more than in the non-interference with the reparatory processes of nature. Who, that has glanced at one of the (ponderous in a double sense) works of our ancestors on the science, the "Armamenta" of Scultetus, for instance, will not be at once struck with the clumsiness of the contrivances by which folly endeavours unavailingly to throw the veil over ignorance? Who that has waded through one of those tomes of modern days on the practice of physic, in which one of the numerous different systems is dogmatically laid down, will not, on due consideration, admire the astuteness shown in the mode stultified pomposity takes to conceal the real deficiency of our knowledge, amid a wilderness of high-sounding pedantic unintelligibilities and frothy theoretic disquisitions, which, when closely analysed, with the help of reason and common sense, prove but "a barren superfluity of words?"

While surgical science has made, in modern days, such rapid advances, medicine, particularly that department bearing more immediately on the application and adaptation of remedies to those diseases which are loosely defined to come within the province of the physician, has remained nearly altogether stationary, one prominent cause of which is found in the endless abortive discoveries of new remedial agents of suppositious therapeutic effect, and consequently of ephemeral reputation,—each one obtaining a fleeting notoriety for a short space, dependent (the notoriety) on the knowledge of human nature, and the tact (by which such knowledge is made available) displayed in the manufacture of the worthless cloth-bound lucubration that is used, *secundum artem*, as the bellows to puff the nostrum and its discoverer into notice. After a short time "the charm dissolves apace," the "precious panacea" is reconsigned to its native obscurity, the "fond imaginings" not having been fulfilled, and some new therapeutic puppet is thrust forth, of equal infallibility in some other disease, which a different "mediciner" takes under his especial guardianship for the nonce.

The *modus operandi* is, however, now becoming stale; this by-path to practice has become too well known, and of necessity obnoxious to the usurpation of those for whose advantage it never was intended, Hygeia being thus made the "procuress to the libertine, Self-interest."

This manner of proceeding (so common in our day) gives also a striking instance of the truth of what has been observed centuries ago that the mind of man is never so complacent as when engaged in some office which begets an idea of its own superiority, fancied or real. In grasping at impossibilities in medicine, beyond our reach, we are but too prone to overlook the real and substantial good which lies immediately before us. By straining to do too much the "curemonger" generally overbalances himself, and falls (not like Nebuchadnezzar's image) but

> "With a lumpish sound,
> and his halfpence rattle in's pocket;"

whilst his darling theory, the adopted child of his disinterested affection, but too often, alas! shares the fate (in the language of the poet) of

> "The full ear of corn
> which scapes i' the blossom, but to wither in the ripening."

DE RE FABULA NARRATUR.

C. T. MACKIN, M.D.

London, Dec. 1843.

THE WATER-CURE.

NOTE FROM DR. HUTCHINSON.

To the Editor of THE LANCET.

SIR,—Fearing that the readers of THE LANCET may consider me uncourteous in not making any reply to a letter, signed "James Freeman, M.D.," dated from Cheltenham, which appeared in your last number, I inclose to you one of that gentleman's circulars, a copy of which I request you will have the kindness to insert.

"CHELTENHAM HYDROPATHIC INSTITUTION, under the medical direction of JAMES FREEMAN, M.D., author of 'Medical Reflections on the Water-Cure.'

"The success attending the treatment of diseases by cold water is now universally known and acknowledged; and, since extensive apparatus are requisite for its application, its full benefit can only be communicated to the public through the institution of Hydropathic Establishments.

"In the establishment at Cheltenham, all the necessary machinery and attendance are provided, under the direction of a physician practically experienced in the system as pursued in Germany. The perspiring and bath-rooms are kept at such a temperature that the treatment is rendered as agreeable and efficacious in winter as in summer. Rooms are fitted up for gymnastic and other exercises.

"Cheltenham has been selected as the locality of the establishment, because the salubrity of its air, the purity and abundance of its water, and its varied provision for the comfort and amusement of visitors, render it a place peculiarly adapted for the purpose.

"The institution is now prepared for the reception of invalids, who are requested to address professional communications to Dr. Freeman, Hydropathic Institution, Cheltenham.

"Hours of consultation at the establishment, from ten to one.

"Sherborne-House, Cheltenham,
Nov. 7, 1842."

After reading this, I feel confident that my medical brethren will consider me fully justified in declining to enter into any professional controversy with Dr. Freeman. I remain, Sir, your very obedient servant,

R. S. HUTCHINSON.

Nottingham, Jan. 29, 1844.

P.S. Dr. F. has gained the advantages of a gratuitous advertisement, by having obtained the insertion of the *whole* of the same letter addressed to the Editor of THE LANCET, in one of our local newspapers.

THE LANCET.

London, Saturday, February 3, 1844.

SIR FRANCIS BURDETT, after a lengthened career, has at last paid the final tribute to nature. Our readers will find in the "News of the Week" some details respecting the circumstances that preceded and accompanied his death. These details, which were published in the *Times*, of the 27th of January, we can corroborate on good *medical* authority. Thus it appears that this celebrated statesman has fallen a victim, not to disease alone, but partly, if not principally, to the "water-cure." The errors and follies of the great have always the privilege of attracting our attention more forcibly than those of the lowly born, and as we do not claim to be an exception to the general rule, we shall confess that this event has made us think more seriously, perhaps, than we had hitherto done on the hydropathic plan of treating disease.

That hydropathy is not a science, but merely one of the numerous forms of quackery which are periodically foisted on the notice of the public, most of our readers will admit. How is it, then, that not only many of the noble and the learned of the land in which we live, as well as of the ignorant and lowly, should take it under their fostering patronage, but that learned

doctors should come forward as its champions and disciples in many of our watering places and large towns?

Alas, this is nothing new! Quackery, in all its forms, has always had the support of crowds in all classes of society, and has even always found votaries among the followers of Esculapius. If we analyse the subject we shall find that, in reality, it is by no means surprising that such should be the case.

The science of therapeutics, as understood by the most enlightened men who have practised our art, from the days of Hippocrates down to our own times, is a most complex one. It is founded, on the one hand, on the attentive and lengthened study of the numberless phenomena of health and of disease; and, on the other, on an equally attentive and lengthened study of the various agents which are opposed to disease, and of their action on the human organisation, both in the healthy and in the morbid state. This analysis of what is meant by the science of therapeutics, brief as it is, conveys, at once, to the mind of the professional man, an idea of immense knowledge to be acquired, and of immense labour to be gone through, before a good therapeutist can be formed. *He* is aware how intricate is the structure of the human body; how delicate is the play of the organs of which it is composed. *He* is aware of the extreme variety of the morbific agencies that are continually attacking the fragile tenement in which he resides, and of the variability of the indications which present themselves when these morbific agencies, overcoming the resistance of the vital powers, have usurped a temporary or permanent dominion. Consequently, he joyfully welcomes all the therapeutic means which nature and science have placed in his hands, and endeavours, through them, to preserve in a healthy state the functions of the economy, or to restore them to health, should their regularity have been disturbed. If his intellect is vigorous and firm, if his studies have been well directed and comprehensive, he takes a wide and enlightened view of the agents which he is called upon to use, gives to each its full value, and, exaggerating the value of none, looks not for a panacea which he is well aware is not to be found.

To the man of the world, on the other hand, even to the well-educated, well-informed man of the world, our definition of the word therapeutics is a mere concatenation of words void, or nearly void, of sense. He knows nothing of the functions of his own organisation when in health, and still less of them when not in health. If he is well he feels so slightly the working of his material fabric, all the processes of the economy are carried on so silently, so imperceptibly, that it never occurs to him that underneath the smooth current of his existence lurk innumerable dangers. If he is unwell himself, or sees others so, the principal morbid phenomena perceptible to his unprofessional eye have such apparent affinity that he is easily persuaded to look upon all diseases as being pretty nearly of the same nature. To such a person the idea of a panacea for all maladies appears quite rational; and if he has applied in vain to the faculty for relief, and is at all of a credulous disposition, he nearly necessarily falls into the nets of quackery.

Thus it is that they who are really the most enlightened of their age in the other departments of knowledge, are, from their gross ignorance of themselves, open to the pretensions of quacks and panacea-mongers. Of these latter there have always been, and ever will be, plenty ready to found their fortunes on the ignorance of others. Most are mere designing charlatans, whose only wish is to extract money from the public under false pretences, whilst some really fancy they have found the panacea they sell to others. Unfortunately for the medical profession, they who fall under the above designation are not all ignorant and illiterate. Some are regularly educated medical men; they are the professional quacks to whom allusion was made in a late number of The Lancet; it is they who, by their university titles and degrees, give countenance, in the

eyes of the public, to the fallacies which they support. We would fain believe that most of these educated quacks are conscientious in their enthusiastic admiration of the delusions which they have originated or have adopted second-hand. But if they are so, it is difficult to understand, at first, how clever professional men, possessing the knowledge which the public has not, knowledge which effectually guards the mass of their medical brethren from deception, should, nevertheless, err so grossly.

The cause of this apparent anomaly is to be sought for in the pyschological analysis of the human mind. Taking a very general view of the operations of the intellect, we may say that its principal faculties are attention, memory, comparison, and judgment. If all these are more than ordinarily developed, we have a man of extraordinary genius, one who most likely will leave his name in the annals of mankind. But this is rarely the case; some of us are wanting in the development of one faculty, some in that of another. If, however, the power of fixing the attention on facts, the power of recalling the recollection of those facts, and the power of comparing them, be greatly developed, but the judgment, or power of drawing correct deductions from the comparison of facts, be feeble, then we shall have a man of great talent, but one who is as likely to devote his talents to a bad cause as to a good one,—a visionary, an enthusiast; in a word, a man who may have great knowledge and ability, but wants *common sense*.

The history of mankind shows that this view is correct. The most palpable fallacies in religion, in philosophy, indeed, in every branch of human learning, have found not only men of ordinary merit, but men of the greatest talent and learning, to embrace and to defend them. Indeed, it would often seem as if the greater the absurdity of the doctrine promulgated, the more evidently false to ordinary intellects, the more certain it is to find defenders among the learned.

We could scarcely, in the annals of modern medical quackery, find a more striking illustration of this assertion than is presented to us in hydropathy. The founder of this mode of treatment is VINCENT PRIESSNITZ, an illiterate peasant of Graëfenberg, in Silesia, a man who had not, and we believe has not now, the slightest knowledge of medical science, who discovered hydropathy, he says, from having bathed a crushed finger in the water issuing from a pump. This is the man whose labours are to revolutionise science, who has found *in cold water* a panacea for all ailments, and whose system M.D.s are establishing in different parts of England.

Did our space allow of it, we would at once proceed to analyse briefly the doctrines of the "hydropathists," but this we must defer until next week. We have, however, we think, said enough to explain, on rational grounds, not only why such men as Sir FRANCIS BURDETT should often fall into the quicksands of quackery, and become believers in ST. JOHN LONGS, hydropathy, or any other medical fallacy, but also why these same fallacies should always be supported by some medical men, generally persons of inferior abilities, but sometimes, on the contrary, men of learning and more than ordinary talent, deficient, however, in the faculty possessed by the less talented masses —*common sense*.

THERE will be found, commencing at page 618 of THE LANCET of this week, a report of the proceedings of a public meeting of some members of the profession, which was held at the Crown and Anchor Tavern, on Monday evening last. This is a "movement" which is said to have originated in consequence of the granting of the new obnoxious charter to the Council of the College of Surgeons; and we may remark, *en passant*, that that charter has been followed by the granting of another, namely, one to the College of Surgeons in Ireland.

Although we must approve of the spirit of the authors of the "movement" which was exhibited on Monday evening, we cannot

commend their discretion in calling a public meeting of the profession so hastily, and without sufficient notice to enable practitioners residing at any distance to take part in it,—the preliminary meeting, moreover, having been held in private, and without any notice at all, so that the profession had no opportunity of knowing whether the parties engaged in the undertaking were entitled to respect, confidence, or consideration. All these things carry with them such strong evidence of indiscretion and want of judgment, that the profession, we are quite sure, would much rather see the originators of such a "movement" in the rear, than in an advanced position, in the battle which must be waged by the great medical body of this country against the corrupt and knavish monopolists.

From the causes which we have explained, the meeting necessarily consisted of very few persons, but we believe that the day is not distant when the ORGANISED SOCIETIES OF THE MEMBERS OF THE PROFESSION will adopt proceedings for instituting an AGGREGATE MEETING of the profession in the metropolis, the deliberations and decisions of which will be of a nature to produce a powerful and durable effect upon the conduct of the imperial Parliament, with reference to the national question of Medical Reform.

THE CHARTER OF THE COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—I have waited with much anxiety in the hopes of seeing, either from your own editorial pen, or from some one of your innumerable talented correspondents, some remarks on the late election of "fellows of the Royal College of Surgeons." Hitherto I have been disappointed, and, fearing lest general silence should be supposed by any to indicate general approval of the charter, I am led to impose on you a few observations, partly to quiet the prickings of my own conscience, partly to satisfy the demands of justice, but, principally, to call forth some remarks from yourself or others which may stir up the slumbering spirit of the great body of the profession.

It would be profitless, now, to canvass the propriety of selecting any comparatively small number of gentlemen (from very many thousands, all of whom are to be presumed, from having passed the same examination and from possessing the same diploma, to be equally qualified) in whom shall centre all the honours and dignities of the profession; but presuming that such a selection *is* practicable, I would ask whether the council of the College has devised, in its wisdom, the least objectionable method of making such a selection. On a glance at the list one is led to imagine that the members of the profession had been engaged in a round game of "pitch and toss" for the *honour* of becoming a fellow of the College of Surgeons, and, consequently, that the three hundred names which present themselves to one's vision necessarily stand for the greatest adepts at sleight-of-hand. This natural inference, however, is dispelled by a late number of THE LANCET, in which I find it stated that the council selected all the surgeons of all the recognised hospitals, and all the teachers of anatomy in all the recognised schools. Now, although I know several exceptions, still it appears that this principle has been very generally adhered to, and I would ask, could anything be more unjust or more absurd?

It is true that if the appointments to hospitals and infirmaries were always bestowed on those who most deserved them,—if the successful candidates for those appointments were always those confessedly the best fitted to fill them,—if standing in the profession, if talent, or ability, or fame, were the requisites,—if any one of these was the *sine quâ non* in every medical appointment, *then* might the College have selected as they have done, and gained honour and respect by doing so. But since it is notorious that the reverse of this is the fact, that family influence, and money, and corrupt appliances of every kind, sway the balance, and that ability and fitness for office are the very last make-weights thrown into the scale, one scarcely knows whether it would be most appropriate to swell with indignation at the infamy, or with contempt at the pitiable absurdity, of such a principle in the election of a small number of men in whom, as it is said, are to centre all the honours of the profession.

The result of a system so imbecile necessarily is, that men, utterly underserving of any professional distinction, have had this only species of honour which the College could grant pitchforked upon them. Men, unknown beyond the narrow limits of their own private practice—men who, had the election been made on a more liberal scale, either by examination or in consequence of the possession of any actual merit, would not have dared to enter the list of candidates, or who, if they had, would have sunk below mediocrity, and certainly immeasurably below a large number of those over whose heads they have been unworthily exalted.

Now, if the injustice to the masses of the profession merely consisted in this false exaltation of a fractional number of their inferiors, the evil would be of small moment, for such men are usually rated by their brethren at their proper value. But the multitude without, who are always a-gape for the grand, look at them in a very different light. They naturally enough imagine that a fellow of the Royal College of Surgeons of England must be a monstrous *clever fellow*,—very like

> The father-in-law
> To the great bashaw!

And thus a false valuation is passed upon him, to the almost incalculable detriment of his brethren.

Have the members of the profession, then, no spirit of exertion left? or are they content to yield themselves willing victims to such a system? If not, let them at once bestir themselves, and let them assail the Legislature with petitions from every town, village, or hamlet, in which but *one* man of spirit and of honesty resides. Let them demand a repeal of the charter so blindly granted, and let them not cease in their endeavours till they have obtained it.

I fear it will be too much to ask the co-operation of the "fellows" themselves, but I must say that if they are slack to aid in the struggle, nay, if they are not among the first to begin it, they will not only be "fellows," but marvellously silly *fellows* to boot. I remain your (and their) humble servant,

LEODINENSIS.

Leeds, Jan. 28, 1844.

FEES FROM ASSURANCE COMPANIES.

To the Editor of THE LANCET.

SIR,—It has often been asserted, and, I believe, with much truth, that there are no individuals in the community from whom more gratuitous toil and labour are expected than medical men, or who respond more cheerfully to the calls of the indigent and distressed. Every village and hamlet in the kingdom can bear testimony to the truth of this remark. Springing from the middle classes, and receiving an education amongst them, they have been accustomed, from an early period in life, to inform themselves of, and to sympathise with, the distresses of mankind; they visit the abodes of misery and distress, and are alike the messengers of health and comfort to thousands. Pursuing their high and honourable calling, and dignified with the feelings of philanthropists, they too often become the prey of the sordid and avaricious, and, by the plea of incapacity to remunerate, are very frequently deprived of that honorarium to which they are justly entitled. With a reputation well earned, and with a "mens conscia recti," many of them there are who, after a toilsome and laborious day, descend into the evening of life with a pittance scarcely adequate to their support. Amongst the many hardships to which our profession is subjected, there is one that appears to us an intolerable grievance, and which only requires for its removal union in the body. We allude to the system pursued by life-assurance societies in requesting our unremunerated opinion of the eligibility of the lives proposed for assurance. The proposer, it is well known, in his application to the office, agrees to furnish all the information necessary to enable it to judge of the eligibility of his proposal, and refers to his usual medical man and private friend, who is considered at liberty to give all information respecting his past and present state of health. Did the matter rest here we should not have much cause to complain; but when, in addition to the history of the life of the proposer, the number and nature of the illnesses he may have suffered from, we are asked for an opinion of the eligibility of his life for assurance, we certainly have a right to resist that encroachment upon us, and reply, by stating, we will inform you of the history of the proposer, but we will not give you a medical opinion upon the eligibility of his life for assurance without a fee.

The history of the life and illnesses of the proposer, unaccompanied by an opinion of the eligibility of his life for assurance, would be of minor value to the office, and for want of the more important information, the directors and medical officers of these wealthy establishments would be placed in much

difficulty in determining the value of the proposals submitted to them.

The remedy which I submit to the attention of my brethren is this: that the reply to the query, "Do you consider his life eligible for assurance?" should either be omitted, or that it should be this:—"Your paid medical officers must be the best judges of that."

Let us unite in refusing to give an opinion of the eligibility of our patients without a fee, and we shall then soon remove this yoke of oppression, which we have too quietly allowed to be placed upon our necks. I am, Sir, your obedient servant,

MEDICUS.

January, 1844.

NOTE FROM DR. C. J. B. WILLIAMS.

To the Editor of THE LANCET.

SIR,—In a notice of my "Principles of Medicine" in THE LANCET of last week, the derivation which I give of the word *symptom* (from *συν* and *πτοω*) is presumed to be an error of the press, "as the word *πτοω* does not exist in the Greek language." I relieve the press from the imputation of error. The passage is printed as it was written. I am quite aware that the word *πτοω* is obsolete in the present tense, but as it is referred to as furnishing the future and perfect tenses to *πιπτω* (*πτωσω*, *πεπτωκα*, *πεπτωμαι*) it may fairly be considered as the root of *πτωμα* and *συμπτωμα*. I am, Sir, your obedient servant,

C. J. B. WILLIAMS.

Holles-street, Cavendish-square,
Jan. 30, 1844.

WANT OF PUNCTUALITY AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I shall be much obliged to you if you will insert the following in your next number, for the benefit, not only of myself, but, alas! for my fellow-students in general, whether at this hospital or not. I have the honour to be, Sir, yours truly,

A STUDENT OF ST. THOMAS'S HOSPITAL.

During the last two or three months the students at this hospital have been much annoyed at waiting for the surgeon to visit the wards, but when the appointed hour has arrived, no surgeon (one excepted) makes his appearance till near one o'clock. The proper time for the surgeon to go round the wards is directly after the lecture of eleven o'clock is over, consequently the surgeon ought to be ready at twelve o'clock, but such, Sir, is not the case. We have three surgeons attached to this hospital, only one of whom, I am sorry to say, does his duty as he ought to do it. Mr. Green's assistant-surgeon, Mr. Solly, is the dilatory one, he seldom or ever appears till half-past twelve or a quarter to one o'clock. Now, Sir, this conduct is really too bad, and calls for an immediate remedy. Not only does it rob the student of his money, but of his time as well; and, in addition, the student stands a good chance of catching a bad cold, which may incapacitate him from attending to his studies. The surgeon, no doubt, thinks that it will not do us any harm to wait for him at the surgery-door for a few minutes. Perhaps not, but still the principle is bad; but let me tell them that they do not do their duty either to the students or to the patients entrusted to their care. I have known nearly all the students wait for the surgeons at the appointed hour, and, after half an hour or so, go away exclaiming, "Let us go, they will not be here till one." For the sake of the students in this metropolis, and elsewhere, I shall be extremely obliged to you if you will give this a place in your next Journal, in the hope that the surgeons of hospitals may do what is their duty, and know that we are not children in arms, but have arrived at an age which enables us to discern what is good or bad.

St. Thomas's Hospital, Jan. 20, 1844.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 27, 1844.

Dr. REID, President.

CASE OF MALIGNANT TUMOUR CONNECTED WITH THE THIGH-BONE.

MR. FISHER related the following case:—Police-serjeant, John Hunt, an old Waterloo man, having served fifteen years and a half in the Life Guards, was discharged on pension in 1826, having received injury in the sword-arm. He was admitted in good health into the police-force in 1829, and served nearly twelve years. In August, 1838, he received severe contusions on the head and various parts of the body, in a disturbance in Cato-street, and was struck with a crowbar on the left thigh; from this time up to the period of his discharge from the police-force in June, 1841, he became more or less inefficient, although he was capable of undertaking his duty occasionally. He had been pensioned off from the force twenty-two months previous to his death, in April, 1843, at the age of fifty-six. Hunt was a powerful, active, healthful, ruddy-faced man, although a free liver, until he received his injuries in Cato-street, his only complaint being occasional rheumatism of the hip, lasting a few days. At the period alluded to, August 1838, he fell under the management of Mr. Vickers, surgeon of division, who caused him to be cupped, leeched, and blistered, and after a fortnight's treatment and rest he was able to resume his duty. In about a month he declared on the

sick-list with lumbago, for which he was cupped, took colchicum, iodine, guaiacum, and used turpentine-liniment without relief; opium and calomel were then given three times a day, but no relief was obtained until the gums became tender. The attack lasted six weeks, when he again resumed his duty. In a few weeks, for the third time, he appeared on the sick-list (about four months from his accident), complaining of pain in the upper third of the thigh, with some enlargement probably of the periosteum, but no discolouration of the surface; he was again cupped, took sarsaparilla; opiates in various forms were administered, belladonna was used externally, warm baths and fomentations were had recourse to. The pain and swelling subsided, and at the end of two months he being anxious to resume his duty, was allowed to do so. Not many weeks elapsed before the pain and enlargement of the thigh returned, and the disease assumed a chronic form. It was treated by iodine taken internally, and used as an ointment externally; mercurial friction was afterwards substituted, and corrosive sublimate given in small doses, his general health was attended to, and he became somewhat better. Upwards of two years passed over in this way, when the disease returned, and slowly increased. At the end of six months he was discharged from the police on pension. Up to this period the disease was not recognised as malignant, and was considered as an affection of the periosteum, attacking a rheumatic subject.

The disease continued to progress, and, not choosing to go into any hospital, he became the patient of various medical gentlemen in his neighbourhood, and for the last nine months of his life was visited by Mr. Edwards, of the Edgeware-road, who very kindly took great interest in his case, and, among other means, used acupuncturation some thirty or forty times, with relief of pain, and diminution of the swelling. The punctures were followed by serous discharge, slightly tinged with blood. About two months before his death he was seen by Mr. Lane, of Grosvenor-place; he was then, and had been for some time, suffering much in his general health; there was œdema of the limb below the seat of the disease; his countenance was anxious; his complexion sallow, and he had all the appearance of a man suffering from a malignant growth. He had a foul tongue, and a quick pulse, his appetite was bad, and he suffered so much from cough and difficulty of breathing that it was apprehended that a similar disease had invaded his lungs; these symptoms gradually increased, especially the difficulty of breathing, till the time of his death (last April), a period of nearly five years from his accident, at the age of fifty-six. Leave having been obtained to examine the limb only, the post-mortem was conducted by Mr. Lane, in the presence of Mr. Edwards, Mr. Vickers, myself, and several other gentlemen. Mr. Lane has very kindly furnished me with the following very accurate account, and also permitted the preparation to be exhibited to the members of the Westminster Medical Society:—

"The tumour distinctly fluctuated in some parts, in others it was solid; it appeared to reach from just below Poupart's ligament, to more them half-way down the thigh; the motions of the hip-joint, however, were perfectly free; the greatest circumference was opposite the upper third of the thigh, and measured forty-six inches, the skin covering the tumour was discoloured, of a purplish red, and large cutaneous veins were found wandering over it. The muscles, which were spread over the swelling, were carefully dissected from it. The spreading out of the rectus and sartorious muscles was most remarkable; the latter muscle was not more than two lines in thickness, but in breadth it exceeded five inches. The femoral vessels were found raised by the tumour, in close contact with it, and covered, as usual, below the upper third of the thigh, by the sartorius muscle. The great sacro-sciatic nerve was also much displaced, but apparently healthy in its structure. The thigh-bone was sawn through at the union of the lower with the middle third, and then disarticulated at the hip-joint. The tumour was removed entire, with the portion of the femur with which it was connected. The structures of the hip-joint presented a perfectly healthy appearance. On making an incision into the diseased mass on the anterior part, where the fluctuation was most distinct, there issued, but slowly, a quantity of a reddish glairy semifluid substance, of the consistency of size or honey, and which evidently escaped from very numerous cysts, of various sizes, from that of a pea to a hazel-nut or walnut. At the more solid parts of the tumour might be recognised a tough, fibrous, white structure, resembling much the ordinary fibrous tumour of bone; in other parts pretty distinct portions of a brain-like substance were observable; osseous deposits, in the form of spiculæ and small laminæ, were here and there to be detected. On making a section through the tumour and thigh-bone, the medullary canal was found to be dilated to thrice its natural diameter for the space of three or four inches, the dilatation beginning just below the trochanter minor. Filling this excavation there was a quantity of the same reddish glairy substance as noticed in other parts of the diseased mass. The walls of the medullary canal, opposite the dilated portion, were irregular in thickness, and at more than one point so thin as to show that there must have been great risk of fracture during life in these situations. From the periosteum, especially at the posterior part, there ema-

nated numerous spiculæ of bone, assuming a stellated or radiated appearance, the radii being of various lengths from a quarter of an inch to two or more inches,"

From the appearances, therefore, presented by the tumour, it would seem to be composed of a combination of two kinds of malignant growth, viz., of cystic sarcoma, and medullary sarcoma, while at one part the more innocent structure of fibrous sarcoma appeared to be blended with it.

Mr. ILIFF inquired whether the patient had suffered generally from rheumatism, or whether the pain was confined to the part afterwards affected by malignant disease. In a case under his own care some time since, a young man having become much heated by exercise, threw himself upon his bed, opposite an open window, looking north, and was soon after seized with pains in the groin resembling rheumatism, which were treated as such without any relief. Malignant disease of the part soon developed itself, and proved fatal in a few months. The case was instructive as showing how cautious we should be in deciding that local pain was of no consequence.

Mr. FISHER observed that Hunt had never suffered from pain in the thigh previous to the accident, and the rheumatism with which he was affected was general, but more frequently in the form of lumbago.

Mr. VICKERS, in answer to questions, observed that there had not been the slightest indication, except the severe pain, in the early stages of the disease, of its real nature. The swelling did not commence until two years after the accident. The greatest relief to the pain had resulted from the application of brandy and salt, applied by the patient himself.

Some conversation followed respecting the influence of the blow on the production of the disease.

Mr. RUTHERFORD ALCOCK remarked that it was difficult to imagine how the blow could have influenced the production of the disease so long after, unless it had been joined by some other cause. In this case, however, it really did seem that the blow was the cause of the tumour. Experience had taught him that bones suffered from concussion in the same way as other parts, for he had seen, in cases of gunshot-wounds, the most severe consequences follow the receipt of an injury in which the results bore no comparison to the extent of the abraded surface. Death of the entire shaft of a bone had followed an injury in which only a very small portion of the periosteum had been abraded. The injury of the periosteum alone was by no means sufficient to explain the extent of the injury, and he therefore concluded that the concussion had destroyed the vitality of the bone, the process of decay, or of degeneration being quicker or slower in the different cases. He had been particularly struck with this fact in many cases of amputation after gunshot-wounds, for bones would frequently exfoliate to a greater or less extent after these injuries than after any other kind, and he was led to the conclusion that these effects were the result of the concussion he had alluded to. In Mr. Fisher's case he thought that the blow had affected the vitality of the medullary membrane, giving origin to the disease, which, slowly and insidiously, went on until it destroyed the vitality of the bone and periosteum.

Mr. CHANCE was aware that death of a bone might and did result from a blow upon it, but was not the death always manifested in the form of exfoliation or of necrosis. He had never seen malignant disease result from such an injury. Had Mr. Alcock witnessed such a circumstance? He (Mr. Chance) did not think amputation in Mr. Fisher's case would have been of any permanent benefit, and cited an instance of malignant disease of the bone occurring in the practice of Sir C. Bell, in which the disease returned in another limb after the amputation of a leg, in support of his opinion.

Mr. ALCOCK had not seen a case similar to the one under discussion, as the result of a blow, but reasoning from analogy, and from the effects of violence on other parts, as, for instance, the female breast, he did not see why the bones should not suffer in a similar manner. Whether the blow merely developed a poison latent in the constitution, or not, was still matter of doubt.

Mr. SNOW related a case of malignant disease of the bone which affected the seat of a fracture in the thigh received four or five years previously. The disease was confined to the internal structures of the bone. The limb was amputated, but the disease returned at the hip-joint, and destroyed the patient.

Mr. FISHER detailed a case of malignant tumour of the upper forearm affecting the site of a fracture.

Mr. STREETER made some observations on the advantage of applying the stethoscope as a means of diagnosis in some cases of malignant growths. He detailed a case of large tumour of the buttock, which had been supposed to be aneurismal in consequence of its having pulsated, and of its giving distinct evidence of a *bruit* on the application of the ear. After death the tumour was found to be malignant, and to spring from the ilium; the *bruit* and pulsation had been caused by the presence of large veins underneath the tumour.

AT the Hospital of St. Louis, Paris, M. Emery, one of the physicians, treats most of his cases of psoriasis and lepra with an ointment composed of tar, one part; lard, three parts. This treatment is generally successful, but does not prevent the disease returning.

MEETING OF MEDICAL MEN
AT THE
CROWN AND ANCHOR TAVERN, STRAND,
RELATIVE TO THE
CHARTER OF THE COLLEGE OF SURGEONS OF ENGLAND.

A PUBLIC meeting of members of the medical profession was held at the Crown and Anchor Tavern, Strand, on Monday evening, the 29th ult., for the purpose of taking into coasideration the character and tendency of the charter of the above college. From two to three hundred gentlemen were present. The chair was occupied by Mr. MACILWAIN.

The CHAIRMAN, in opening the business, after stating the circumstances which had induced him to consent to preside, and exonerating himself from any sentiments that might be uttered to the meeting, went on to say,—It has been represented to me that the charter in question has been received by the profession in somewhat different modes by various parts of it, but as a whole they received it with great dissatisfaction. (Cheers.) There may be a few who, though they may not think it quite perfect, yet comparing it with the past, are disposed to regard it as acceptable; there may be a few more who think it has many serious faults, nevertheless they regard it as an onward step; but there are others, and, so far as I have been able to collect, they constitute the great mass of the profession, who think that it is an entire failure, and that, independently of its not fulfilling the purposes for which it was intended, it is accompanied by many clauses which are in the highest degree objectionable and offensive. (Cheers.) I will briefly advert to some of these clauses. One of them relates to the election of fellows. It is conceived that the attempting to raise up a certain number of the profession,—say two hundred and fifty or three hundred,—into a certain rank by this title, above the rest of the members of the college, who have undergone exactly the same examination, is in itself a very questionable measure. It has been further alleged that there is a strong feeling on the part of the profession that the application of this measure has been still more objectionable; that without meaning to say a word against the high respectability of many, or perhaps all, who have been chosen to enjoy this honour, yet there has not been that justice and impartiality in the selection which should characterise the proceedings of a governing body; that, in point of fact, it is not difficult to discern that a number of gentlemen have been invested with the title of "fellows," and the privileges which accompany it, whilst others, greatly their seniors in age, and surpassing them in general respectability, have been passed over. (Hear, hear.) I must also advert to the exclusion of members of the profession from the council of the college who practise midwifery or pharmacy. (Hear, hear.) It is difficult to understand in what way this should incapacitate men from taking a share in the general direction and management of the college. (Cheers.) The practice of midwifery and pharmacy obviously implies additional acquirements, and therefore additional usefulness. (Cheers.) The examiners are even to be elected indifferently from the council or fellows, and therefore it is to the disqualification for being on the council that I particularly direct your attention. It is a fact that nineteen-twentieths of the profession must practise these branches of it, if they are to be useful at all. (Cheers.) These clauses constructively insinuate a kind of degradation on the general practitioner. (Hear, hear.) The provision that a member of the council must reside within five miles of the Post-office tends also to restrict the council to those who are said to practise pure surgery, but of which probably not a single example is to be found. (Cheers.) It is further believed that this is only a cloak to restrict the emoluments and places of the college to surgeons of the London hospitals and their pupils. (Hear, hear.) Section 12 enunciates the principle that the council shall in future be an elected body, and in proceeding to increase the present number by three members, provides that they shall be a changing body. But the three who are to go out for the present are to be those who have come in under the new charter, whereas the present council are to hold office for life. (Hear, hear.) That involves a very important principle as regards any improvement. This is said to be a very strong application of the principle of selfishness, and to imply a most remarkable distrust of the tenure of that office which men are afraid to surrender into the hands of that electing body which they have themselves created. (Laughter and cheers.) These points are quite sufficient to illustrate the class of legislation which this meeting has met to consider. I have thus endeavoured to express the opinions of others rather than to give you my own sentiments, but as far as these points are concerned the objections to them have, in a general sense, my concurrence. (Cheers.) When I first read the charter, somewhat cursorily it is true, I made marginal notes of my objections to it, and a careful reperusal of it has confirmed my first impressions. The objects of such a document ought to be to protect the interests of the public and the profession, to accelerate the progress of science, and though last not least—and I speak it from the bottom of my heart—to promote harmony and good feeling among the members of our mighty profession. (Cheers.) Viewed in this aspect I regard the charter as a signal failure, and

I have seldom perused a public document which—to use no stronger term—appears more infelicitous for the accomplishment of these purposes. I am at a loss to conceive how any set of men, having a competent knowledge of the subject, could be brought to concur in the construction of so faulty a composition. Indeed, report says that the body whence the Government may be supposed to have derived their instructions is not satisfied with its own composition. (Laughter and applause.) I must, however, add, that with regard to many of the details of the charter I differ from various gentlemen whose sentiments I have heard on the subject. Sometimes I differ from them on the points on which they rest their objections, and sometimes with regard to the reasons on which their objections are founded. With respect, therefore, to matters of detail, I do not hold myself responsible for, or in any way identified with, the sentiments that may be uttered this evening. With reference to the discussion of the evening I would dissuade you from unnecessary vehemence or redundant vituperation. Appeals should not be made to the feelings on subjects which it is emphatically the province of the intellect to decide. Let your proceedings be those of a calm, deliberative assembly; if your facts require any enforcement let it be by conclusions which are the legitimate deductions from those facts, and your powers will soon be felt, and the Government will listen to you. (Cheers.)

Dr. Lynch moved,—"That we view with indignation and regret the distinctions introduced by the recent charter, which, having no reference to any fixed standard of qualification, and founded upon unjust, narrow, and invidious principles, are injurious to the interests and degrading to the great body of the profession."—He begged to observe that this was an independent meeting, unconnected with any association, disdaining partisanship with any periodical or party politicians that would limit its efficiency. Professional grievances had brought them together this evening, demanding that they should meet and stamp the recent charter with their indignant reprobation. The original charter intrusted the government of the college to a president and council, and the commonalty. The second charter gave the council the unqualified and unconstitutional privilege of electing themselves, and for life. Power thus given without control, as a necessary consequence, became the cause of all those abuses which were authenticated before a committee of the House of Commons, though in reply to all the pamphlets, public meetings, and petitions to the house praying for redress, after the committee had sat for years, Lord John Russell requested that the thousands of petitioners would let the matter stand over until the report of Mr. Warburton was brought forward. From this recommendation the profession abstained from active agitation. It was soon after rumoured that another charter was being prepared, and they indulged in the hope that it had been incontrovertibly proved that charters, or restrictions upon science, create a system of favouritism, jobbing, intrigue, and low artifices, that are injurious to the profession, to humanity, and disgraceful to the intelligence of the country, leaving, under its baleful influence, talent, legitimate ambition, industry, and perseverance entirely unrewarded and useless. They had hoped, therefore, that for the future it would be abandoned, and self-elected and irresponsible bodies, no longer be tolerated by a liberal Government, but that the intelligent medical body would be entrusted with the management of its own property and the election of its own officers. Self-government, moreover, had already been granted to the humblest corporations in the empire. (Cheers.) Invidious distinctions ought not to be introduced among the members of a college who had undergone the same curriculum of education and the same examination. Differences in rank should emanate from the members, and be grounded upon the claims of genius, discovery, proficiency, age, station, and superior acquirements. To a standard like this the profession would willingly pay homage. (Cheers.) Great, then, was our indignation to find that Sir James Graham had taken upon himself to cut the Gordian-knot of medical politics by giving additional powers to a council who had despised the wishes and demands of its members for years, only consulting their own narrow views, estranging the confidence of the members; increasing their own emoluments, and those of their relatives and friends; issuing regulations the most mercenary; for years refusing the certificates of provincial surgeons, and rejecting attainments gained on the continent. Lest any man of liberal views should introduce a juster policy they invariably pass over his name in elections to the council, rejecting, for instance, such a man as Brooks, though a pure surgeon, and who had given more time to comparative anatomy than the whole council put together; whose pocket when he died was found full of pawnbroker's tickets, and who had he not been reduced to penury by the college (said Sir Astley Cooper) might have been alive this day. (Cheers.) For the same reason Carpue was excluded, though he has made more surgeons than any man living, and to whom Sir Astley also once said, "Carpue, you ought to have been by this time twice president of the college." (Mr. Carpue, on entering the room at this moment, was greeted with great applause.) On resuming his remarks, Dr. Lynch energetically denounced the competence of the men at present holding the reins of medical government in the college for the positions

they had contrived to occupy in the field of science, and medical influence and patronage, pointing out the ill effects of their system upon the energies and legitimate aspirations of medical students. He then adverted to the opinion once expressed by Mr. Lawrence, "now purchased by a place," that the council were "totally unfit to preside over the science of surgery;" expressed his astonishment that Sir James Graham should, on the advice of one who had libelled the great body of the profession with the name of "subordinates,"* have given new and extraordinary powers,—and deprecated the scheme of election to the new fellowship adopted by the council,—adopted without the power of prevention, control, or protest on the part of the members generally,—the rank of fellowship itself depressing in rank all the members who were not elected fellows. He pointed out the actual inferiority in the profession of those who called themselves "pure" surgeons, to those who practised general medicine, and concluded by an urgent appeal to the meeting to revolt against the new indignity which had been inflicted on the profession. It is clear, he observed, the more peaceable we are the more we are depressed, the more the council are encouraged in their aggressions. We should be more than Helots, worse than slaves, if we hugged our chains in acquiescence. Many there are who differ in the details of medical reform, but all are agreed in repudiation of this charter. Let us, then, strong in union, confederated by that spirit which results from sympathy of suffering, and a participation of wrong, take measures to rescue ourselves from exasperating exclusions, from vilifying disqualification, from old grievances, and protect ourselves against the recurrence of new insults. (Loud cheers.) [Our space has not permitted us to report the remarks of the speaker more amply.]

Dr. Wilson, in seconding the resolution, said that in 1797 a charter was placed before the delegates of this country, which the Parliament of that day—not quite so reformed a Parliament as we have now—considered as containing principles so vicious that it was rejected. By the courtly intrigues, however, of a few individuals, George the Third, in 1800, was induced to grant it; and now a charter, embodying essentially the same principles is presented to us in 1844. (Cheers.) How is it that, notwithstanding the medical profession have for many years, throughout the length and breadth of the land, cried for medical reform, with a voice which could not be mistaken, yet a clique of twenty-one dare, in the face of that cry, produce such a charter as this? It is because we have shown too much apathy and disunion. They despise the great body of the profession; and why?—because we allow them to do it. (Cheers). If they do not seek the repeal of the charter, and concede to us the election of our own officers, we must put them under the ban of the profession. (Cheers.) You have only to show your giant strength, and these pigmies will fall before it. (Cheers).

Mr. Carpue supported the resolution, and was received with cheers. It is, he said, an important question which you are this night met to discuss. I understand that I have been elected a fellow, and I am obliged to the college for their compliment; but I am still more obliged to the gentlemen who have called the present meeting to oppose this charter. (Cheers.) Were those gentlemen who constitute the council of the college educated in a manner different from yourselves? Have you not dissected every part of the human frame, and performed on the dead body all the operations? Are you not, then, as well qualified as them? I once saw a gentleman—the then master of the college, an hour in performing the operation for popliteal aneurism—(hear, hear)—but could not any of you perform it now in five minutes? (Cheers.) Let this charter come into full operation, and what will be the result? You may have a case of compound fracture under your treatment, and nearly cured, but some busy person will inquire,—Is this man a fellow? And when it is ascertained that you are not, you will lose your patient, and the patient, deprived of your services, will lose his life. (Hear, hear.) Is it possible that men who have mothers, wives, sisters, daughters, could pass a law to exclude from their body gentlemen who practise midwifery? (Hear, hear.) Ought a man like Dr. Hunter to be refused the honours of the college, be-

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* The following note appeared in *The Times* of the 1st inst.:—

"*To the Editor of The Times.*

"Sir,—In *The Times* of this day I have read an account of a meeting respecting the duties of the Royal College of Surgeons, in which it is reported of one of the speakers that he 'referred to the insulting terms which Sir B. Brodie had used towards the great body of general practitioners. Sir B. Brodie had called them 'subordinates.'' That was a gross insult, 'which no man, whatever his station might be, was justified in using.'

"I shall feel obliged to you if you will allow me, through the medium of your journal, to state that I never used such an expression on any occasion, and nothing has been at all times further from my wishes than to depreciate an honourable and independent profession, to whose kindness and favourable opinion I am indebted for so many of the advantages which I have obtained in life. I am, Sir, your obedient servant,

"B. C. Brodie.

"14, Saville-row, Jan. 31."

cause he practises midwifery? (Cheers.) You have only to persevere, and you will obtain that justice which your cause demands. (Applause).

The resolution was then agreed to unanimously.

Mr. Cooper said that no person would have expected that, in an enlightened country like England, the charter, to which reference had been made, would have been framed for the governance of a liberal profession. It virtually alleges that we are not competent to manage and control our own affairs. (Hear, hear.) Are we, who are upheld by the public as members of a liberal profession, to be condemned by the stroke of a pen, and to be told that we are not worthy to be ranked with others belonging to the same profession? (Cheers.) The charter only requires to be read in order to show the degraded position in which we shall hereafter be placed. Had it not been for the skill of the men who attended our mothers, perhaps one-third of us would not have been present; and are those the parties to be excluded from honour? When Sir James Graham presented the charter to her Majesty, for her royal signeture, did he tell her that Mr. Blagden, in whose hands she places her life with the greatest confidence, would be excluded by it from the College of Surgeons? (Loud cheers). I am persuaded that Sir James Graham was not aware of the extent to which the charter would go. I have great pleasure in moving—

"That this meeting considers that to prevent the many and serious mischiefs arising to the profession and society, from the irresponsible power exercised by the council of the Royal College of Surgeons, it is essential that Parliament should provide a uniform system of medical education, conducted by men representing the feelings and opinions of the whole body of medical practitioners."

Mr. Harvey briefly seconded the resolution.

Mr. Webb said—When I first read the charter, I could not believe that I lived in a civilised country. Sir James Graham cannot be considered as wholly ignorant and mistaken; he is too acute a man not to know what he was doing, and I therefore contend that the charter is part and parcel of a bad system, and is intended to be the basis of a general legislative measure. (Cheers.)

The resolution was then put, and carried unanimously.

Mr. Dermott moved,—"That this meeting reflects, with deep regret, upon the length of time which has been lost to the cause of medical reform since the Parliamentary Committee for Inquiry into Medical Abuses sat, in the year 1834, and that it now pledges itself to the strenuous adoption of measures which shall ensure for the profession freedom from aggression upon its rights and interests." It is necessary to take a brief retrospect of medical affairs. The issue of the parliamentary inquiry proved a fine field-day for display, and the monopolists had a fine opportunity for giving the best character to their cause and to themselves. Previously to that inquiry we had the Anatomy Bill, which was administered until lately in subserviency to the building up of monopolist institutions and for the crushing of private schools, and that merely because a clause was omitted providing for the equitable distribution of subjects. (Hear, hear.) Following upon that we had the charter for the London University, which has given to that institution anything but a national character. No provision has been made for its being thrown open to provincial towns. Then came the Medical Reform Bill, which bill, in its preamble and its details, was so utterly distasteful that, upon its second reading, more than one half of the members of the House of Commons withdrew; the house was left to be counted out, and the bill fell to the ground. (Hear, hear.) That house consisted of a preponderance of reformers, of persons who were zealous to reform the institutions of the country, but who would not give their votes to destroy existing medical corporations and establish one faculty. Thus ended the farce, but now comes the tragedy. The charter of the College of Surgeons, as now granted, has awoke the members of the profession; it has aroused them from their mesmeric sleep and hallucination. It is a charter pregnant with mischief and with evil principles towards the public at large and the ranks of our profession. If it continues as it now exists it will disgrace the source from which it issued. It will, according to the old system, foster peculiar and especial patronage in the same ratio that it depresses and discourages industry and real merit, and jeopardises and compromises the lives of the public. It is a charter which is absolutely anti-christian, inasmuch as it does not adopt that fundamental maxim laid down in Holy Writ,—"Do unto others as ye would that others should do unto you." (Cheers.) It is founded upon the principle that—"We will make ourselves, and our immediate hospital allies, a grade above you; you are a grade beneath us, and we will keep you so." (Hear, hear.) The secret framers and instigators of that charter have violated their college-vow, inasmuch as they have violated the dignity and honour of their profession. (Applause.) On referring to the list of fellows, we see how absolutely puerile a great portion of them are, whilst, at the same time, we know that men of undoubted respectability and talent in the metropolis have been passed over, to say nothing of the provincial districts, of which I dare not trust myself to speak, where many of our brightest luminaries reside. (Hear, hear.) But it should be known that there are other

charters preparing, or already prepared, and they must influence any measure of medical reform that may be introduced in the House of Commons. If the advisers of Sir James Graham had been influenced by purity of motive, they would have recommended him to prepare a bill for the benefit of the profession and the public first, and then to make the charters subservient to and consecutive upon it. (Cheers.) It is intended to reverse that order—to secure first the privileges of the few and then to make the interests of the many subordinate to them. (Hear, hear.) It is apparent that Sir James Graham has had evil advisers, and it is, therefore, our bounden duty to lay before him wholesome truth as speedily as possible. (Cheers.)

Mr. HOYLAND briefly seconded the resolution, which was agreed to.

Mr. ANCELL moved, "That no measure of medical reform be acceptable to the profession unless it contains uniformity of education, whereby equality of privileges may be secured, and the principle of self-government, which would give the profession a direct control over their officers and property; and that to further these objects we call upon the members of the profession to form deputations and wait upon the respective members in Parliament to urge them to support those fundamental principles."—The proceeding of the council of the college with reference to this charter is (he said) virtually a proceeding of pains and penalties towards us collectively, and to each of us individually. Can there be a doubt that in a few short years all the offices filled by surgeons, whether in hospitals, dispensaries, or poor-law unions, will be sustained by none except the fellows of this college? (Hear, hear.) Can those gentlemen who take pupils recommend them to go to the college and pay a sum of 22*l.* to qualify them to become mere nominal members of that college, having neither privileges nor eligibility for offices of honour and emolument? (Hear, hear.) In this point of view I look upon the charter as a most unjust measure. The resolution refers to the great point of qualification as given by different corporate bodies. I believe that we have now fourteen examining bodies, each having a different curriculum of medical education, each granting special privileges and perpetuating special distinctions. We have been asking for a reform of this anomaly, but this charter, instead of diminishing, increases these distinctions, and will lead the public to understand that a large class of medical men, who have administered to the wants of the community, are a subordinate class, a class of inferiorly-educated practitioners. It never could be the intention of a wise legislature that such should be the case, but such is the spirit and the proceedings of the College of Surgeons at the present moment. (Cheers.) It has been stated with truth that a charter for the College of Physicians is to follow that for the College of Surgeons, which will have a similar tendency; and then the Apothecaries' Company must be dealt with. We know that there is much connected with the Apothecaries' Company, of which, as a body of scientific men, we do not approve, but if the College of Physicians interfere with that company the licentiates will in all probability be the sufferers. I hope that, as philanthropists and the lovers of science, we shall join heart and hand to oppose, by all constitutional means, such objectionable measures. (Cheers.)

Mr. LEESON seconded the resolution, which was carried.

Mr. BORTHWICK moved, "That a subscription be entered into for the purpose of defraying the necessary expenses, and that the publishers of the various medical journals be requested to receive such subscriptions and transmit them to the treasurer." Mr. RUGG seconded the resolution.

Mr. BULLEN, while he approved of the object of the meeting, thought that some specific rules should be laid down for conducting the opposition to the charter, and that clauses should be suggested in lieu of those of which they disapproved.

The CHAIRMAN stated that all matters of detail had been purposely avoided on the present occasion, in order to ensure unanimity. The next resolution would appoint a committee who would take the whole subject into consideration. (Cheers.)

The resolution was then carried, and some subscriptions announced.

Mr. M'KENZIE having moved (seconded by Mr. PART) the appointment of a committee, &c., with power to add to its numbers (carried unanimously), a vote of thanks was passed to the chairman, and the meeting separated.

BRITISH MEDICAL JOURNALS.

RECORDS OF CASES.

MEDICINE may be studied as a *science*, but it must, also, be practised as an *art*. In the former case we arrive at general principles, founded on accumulated observations of similar facts. In the latter we must apply those principles to individual cases, and he who, studying medicine as a science in his closet, is led to believe that he will find no greater difficulty in the treatment of disease than he would in the solution of a mathematical problem, and imagines that in both he can employ the same rules, will find himself wofully mistaken when he comes to practise medicine as an art. Clinical study, combined with the careful examination of well-recorded cases, is the great source from which this knowledge is to be acquired.

Dr. T. Mayo, in the last number of the "Medical Gazette," follows this opinion,—a very old one in medicine. He insists on the importance of recording the individual experience of physicians, and repeats the ancient impression that very much has been lost by neglecting such a practice. For his own part, therefore, he commences a RECORD OF CASES, by relating three of peritonitis, but they are only remarkable for the latent character of the symptoms. In fact, the mode in which they are recorded is quite unworthy of the exordium, and renders them undeserving of being transferred to our pages. We recommend the doctor in future to avoid such phrases as the "mouth became much *encroutée*," "extensive *engouement* of both lungs," "a blister interscapu*lus*," &c. Plain English, moreover, is preferable to the doggerel Latin in which the prescriptions are written. For the present let these remarks suffice.

The same number contains the close of the paper on

HYDRO-PNEUMOTHORAX,

by Dr. Hughes, to which we have alluded at page 558, giving a series of conclusions, from which we extract such as are of interest, or which cannot be inferred from our former quotations. The author considers—

"1. That the most frequent causes of pneumothorax are phthisis, empyema, and gangrene of the lung, in the order in which they are mentioned; and that, independently of external violence, pneumothorax from other causes is extremely rare.

"2. That urgent dyspnœa and great prostration do not necessarily accompany the accession of pneumothorax.

"3. That pneumothorax may take place without the occurrence of any symptoms by which the period of the accident can be positively determined.

"4. That tympanitic resonance on percussion, and absence of respiration, are not pathognomonic of pneumothorax, as these physical signs may exist without pneumothorax, and pneumothorax may exist without these signs. [?]

"5. That the absence of the symptoms which usually supervene upon the occurrence of pneumothorax, and of the physical signs which generally accompany it, is probably dependent upon the presence of a considerable amount of disease existing in the lung, upon extensive pleuritic adhesions, or upon the two combined.

"6. That enlargement of the side, displacement of the heart, and protrusion of the liver, are not necessary accompaniments of pneumothorax.

"7. That the preceding symptoms, when present, are probably dependent upon the opening into the pleura being of small size, or being obstructed, or upon fluid effusion, as they do not usually occur in simple pneumothorax when the opening is large or free from partial occlusion, or when the fluid effusion is not considerable.

"8. That the operation of paracentesis is not to be recommended in pneumothorax, except for the purpose of relieving urgent symptoms, arising from the accumulation of gas, or of removing the fluid effusion which accompanies it."

Dr. Burton, in the journal of the previous week, writes on the

STATISTICS OF FEVER;

his tables showing that where the treatment is commenced at an early period of the disease, the mortality is always less than when the disease comes under treatment at an advanced period; for instance, the mortality of cases treated from the *first* week is about 1 in 17; the *second* week 1 in 11 and a fraction; whilst in the cases which do not come under treatment until the *third*, or a *later* period, the mortality is about 1 in 4½. The conclusion, obvious and practical, is, that the sooner the treatment of fever is commenced the more likely is it to be followed by success. Dr. Burton also shows that the *duration* of the disease in those cases which *recover* is shorter when the treatment is commenced at an early period than when they come under observation after the disease has existed for some time. A correspondent of the same journal cautions practitioners against the use of

GERMAN-SILVER INSTRUMENTS

in the application of lunar-caustic to the urethra. The metal, being acted on by that substance, is rendered fragile, and therefore not free from danger in its use.

NEWS OF THE WEEK.

THE DEATH OF SIR FRANCIS BURDETT.—On the 8th of October, 1843, Sir F. Burdett placed himself under the professional care of an hydropathist, who has an establishment in the neighbourhood of London. He was confidently assured that if he adopted the "water-cure" he would have no return of the gout, and, in fact, that all tendency to the disease would be removed. Sir Francis, accordingly, subjected himself to the treatment. Contrary, however, to the predictions of his medical adviser, early in the December following he had a return of his old enemy. At this period Lady Burdett became seriously ill, and Sir Francis was compelled to leave the hydropathic establishment. He, however, frequently visited the institution, and continued to use the cold-water remedies, both at the establishment and at his own house. Lady Burdett (who, although strongly recommended, was not permitted to adopt the hydropathic mode of cure?) died of scirrhus of the stomach. She

was attended by Dr. Fergusson and Sir B. Brodie. Sir Francis (so great was his faith in the plan he was pursuing) persisted, almost to the very last, in maintaining that had Lady Burdett submitted to the cold-water treatment, her life would have been prolonged. On the very day upon which Lady Burdett was to have been buried, Sir Francis was seized with an attack of hæmorrhage from the lungs. Up to the Saturday previously to Sir Francis's death the hydropathist was in attendance, but at that time Miss Burdett Coutts peremptorily refused to allow any more hydropathic experiments to be tried upon her father without the full concurrence of his physician. Shortly subsequent to this, a physician in the metropolis, who had frequently been in attendance upon Sir Francis, received a communication from Miss Burdett Coutts, in which she said that she had no hesitation in asserting that the cold-water treatment had destroyed one of the noblest constitutions ever given to man; that it had reduced Sir Francis to a state of great debility, from which it was impossible for him to recover. She also expressed her determination to resist the further use of such quackeries, unless sanctioned by the medical gentlemen who had been consulted. The proximate cause of Sir F. Burdett's death is said to have been an affection of the lungs, and subsequently of the brain, arising, as it is stated, from a translation of the gout from the extremities to the above-named vital organs. For this attack he was attended by Dr. Farr. Sir F. Burdett was quite delirious for at least twenty-four hours preceding his dissolution, and recognised no person near his death-bed. It has been said, that so wedded was Sir Francis to the unfortunate cold-water delusion, that he was in the habit of riding out on horseback, enveloped in wet towels. He thought highly of hydropathy, but he had extended the same confidence previously to St. John Long's mode of treatment, as well as to homœopathy.—*Times.*

Case of Death from Glanders.—A wealthy wine-grower at Verzy, in the Aube, named Beuzard, having a glandered horse, was, a few days ago, giving him a drench recommended by the veterinary surgeon, when the gag by which the animal's mouth had been kept open, slipped out, and M. Beuzard received a wound in his cheek, from one of the teeth of the horse's upper jaw. The next day his face became dreadfully inflamed, his nostrils ejected a purulent matter, similar to that discharged by the glandered horse, his body was covered with gangrenous spots, and every other symptom of the glanders appeared, and increased in violence until his death, which rapidly ensued.—*Galignani's Messenger.*

The deaths in the metropolis for the week ending January 20th, 1844, show an increase of 111, as compared with those of the previous week, the number being 1040 (*vice* 929). The deaths are classed under the following heads:—

Diseases of the lungs &c.	348—*v.* 332	
Epidemic and contagious dis...	189—*v.* 189	
Dis. of the nervous system....	183—*v.* 134	
Old age	89—*v.* 62	
Cancer, dropsy, and diseases of uncertain seat	81—*v.* 96	
Diseases of the liver, stomach, and other digestive organs ..	69—*v.* 57	
Diseases of the heart and blood-vessels	31—*v.* 29	
Violence, privation, intemperance	20—*v.* 10	
Childbirth, disease of uterus..	9—*v.* 5	
Disease of kidneys, &c.	8—*v.* 3	
Rheumatism, dis. of bones, &c.	8—*v.* 3	
Diseases of the skin and cellular tissue	2—*v.* 3	
Causes not specified	4—*v.* 6	
Total.....	1040	929

INTERVIEWS AT THE OFFICE.

Complaints having been repeatedly made to us of the uncertainty which has attended the endeavours of our correspondents to obtain interviews with some person who could exercise authority in the editorial department of this Journal, we embrace this opportunity of stating that, in future, the

SUB-EDITOR of THE LANCET

will attend at the office, Princes-street,

On Mondays and Wednesdays,

From the hours of one to three o'clock.

It is particularly requested that all *communications* and *articles* which are forwarded for *publication* in The Lancet, be sent to the Editor, at the Office; and that letters of a private or personal character, which may refer, in any manner, to the proceedings of the Journal, be addressed to the Editor, at his residence, in Bedford-square.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who received certificates of qualification to practise as apothecaries on Thursday, January 25, 1844:—Mr. Robert Fowler.

CORRESPONDENTS.

Communications have been received from *Mr. J. Dougall*, *Dr. Mackin*, *Dr. Chambers* (second part), *Mr. Ross* (fifth part), and *Mr. H. Taylor.*

The case of heart disease from the Cheltenham Hospital has been received, and will appear in an early number.

The questions of *A Reader of* The Lancet, respecting Indian appointments, shall be answered next week.